

3 54-2282

No. W 76392		Reinstatement Annual Report Form ADMIN DISSOLVED 10/11/2013		2. Registered Agent and Office (NOT A P.O. BOX) VANESSA D TOOLSON 21 RIDGE LOOP 2784 Carriage Way JEROME ID 83338 Twin Falls, ID 83301																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address Correct in this box if needed. FLEX FITNESS L.L.C. VANESSA D TOOLSON 5421 HWY 93 SUITE 10 2784 Carriage Way JEROME ID 83338 USA Twin Falls, ID 83301		3. New Registered Agent Signature.																																				
REINSTATEMENT FEE DUE: \$30.00		4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
		<table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td>Vanessa Toolson</td><td>2784 Carriage Way</td><td>TF,</td><td>ID</td><td>USA</td><td>83301</td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Vanessa Toolson	2784 Carriage Way	TF,	ID	USA	83301	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 76392		6. Signature:  Date: 22 Dec 14 Name (Type or print): VANESSA TOOLSON Title: Owner																																						
Issued 12/22/2014 by online																																								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM