No. W 129919		Due no later than Oct 31, 2015	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. 4 RIVERS CROSSFIT, LLC KEVIN O'NEIL 3705 ELMORE RD PARMA ID 83660	3705 ELMO PARMA ID	KEVIN O'NEIL 3705 ELMORE RD PARMA ID 83660 3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4 Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER KEVIN O'NEI		L 3705 ELMORE RD	PARMA	ID	USA	83660	
5. Organized Under the Laws of: ID W 129919		6. Annual Report must be signed.* Signature: Kevin O'Neil Name (type or print): Kevin O'Neil	Date: 11/09/2015 Title: Owner				
Processed 11/09/2015		* Electronically provided signatures are accepted as original signatures.					