


No. W 5093	Due no later than December 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ROCKY MOUNTAIN FITNESS & RECREATION RICHARD P CRAYCROFT 875 E PLAZA DR STE 101 EAGLE, ID 83616		RICHARD P CRAYCROFT 875 E PLAZA DR EAGLE, ID 83616 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Reid P Merrill</td> <td>435 W. Two Rivers</td> <td>Eagle</td> <td>Id</td> <td>83616</td> </tr> <tr> <td>Manager</td> <td>Richard P Craycroft</td> <td>685 E. STATE ST</td> <td>Eagle</td> <td>Id</td> <td>83616</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Reid P Merrill	435 W. Two Rivers	Eagle	Id	83616	Manager	Richard P Craycroft	685 E. STATE ST	Eagle	Id	83616
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5. Organized Under the Laws of: IDAHO W 5093	6. Signature <u></u> Date <u>12/20/05</u> Name <small>(Typed or Printed)</small> <u>RICHARD P CRAYCROFT</u> Title <u>MANAGER</u>																				

Issued 10/03/2005

Do Not Tape or Staple

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