No. W 84183	Due no later than May 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to:			TAMARA WALKER 4053 E ARBORVITAE CT BOISE ID 83716			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. APOGEE FITNESS SOLUTIONS, LLC TAMARA WALKER 4053 E ARBORVITAE CT BOISE ID 83716					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held Name	Street or PO	Address	City	State	Country	Postal Code
MANAGER TREVOR E	WALKER 4053 E ARBO	RVITAE CT	BOISE	ID	USA	83716
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Tamara L Walker		Date: 05/30/2014			
W 84183	Name (type or print): Tamara L Walker		Title: Owner			
Processed 05/30/2014	* Electronically provided signatures are accepted as original signatures.					