No. <b>W 77503</b>		Due no later than Sep 30, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to:	Annu	Annual Report Form		JOEY PIETRI				
SECRETARY OF STATE	1. Mailing Address	1. Mailing Address: Correct in this box if needed.						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LEGEND CROSSFIT LI CHEYENNE PIETRI PO BOX 845			MCCALL ID 83638				
	MCCALL ID 83638	MCCALL ID 83638		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	:							
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held Name	е	Street or PO Address	City	State	Country	Postal Code		
MEMBER CHEYENNE PIETRI		PO BOX 2265 115 COMMERCE STREET SUITE A	MCCALL	ID	USA	83638		
5. Organized Under the Laws of	: 6. Annual Report must I	6. Annual Report must be signed.*						
ID	Signature: Cheyenne	Signature: Cheyenne Pietri			Date: 08/21/2018			
W 77503	Name (type or print):	Name (type or print): Cheyenne Pietri			Title: Co-Owner			
Processed 08/21/2018	* Electronically provided signatures are accepted as original signatures.							