
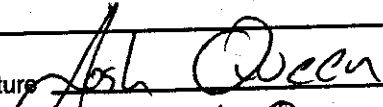


REINSTATEMENT

No. W 53596	Annual Report Form ADMIN DISSOLVED 11/08/2007	2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable PRECISION FITNESS CDA, LLC JOSHUA QUEEN 606 W RIVER AVE COEUR D ALENE, ID 83814	HOLLY CHILDERS 606 W RIVER AVE COEUR D ALENE, ID 83814 Samuel Mann 3. New registered agent signature 												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="1"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>Owner</td><td>Samuel Mann</td><td>11418 N. Riata Rd to</td><td>Hayden</td><td>ID</td><td>83835</td></tr></tbody></table>			Office held	Name	Street or P.O. Address	City	State	Zip	Owner	Samuel Mann	11418 N. Riata Rd to	Hayden	ID	83835
Office held	Name	Street or P.O. Address	City	State	Zip									
Owner	Samuel Mann	11418 N. Riata Rd to	Hayden	ID	83835									
5. Organized under the laws of: IDAHO W 53596	6. Signature  Date <u>12/03/07</u> Name (Typed or Printed) <u>Josh Queen</u> Title <u>OWNER</u>													

member

Issued 11/27/2007 by SL1