

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</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	Hayden	ID	83835
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Owner	Samuel Mann	11418 N. Riata Rd	Hayden	ID	83835											
5. Organized under the laws of: IDAHO W 53596		6. Signature <u>Josh Queen</u> 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