No. <b>W 93309</b> Return to:		Due no later than May 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)  MARCEL PARKINSON				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Addr FUZION FITNESS MARCEL PARKINS 5384 W 7000 N SAINT ANTHONY	SON	_	5384 W 7000 N SAINT ANTHONY ID 83445  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	nies: Enter Nar	mes and Addresses of	f at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	MARCEL PARKINSON		5384 W 7000 N		SAINT ANTHONY	ID	USA	83445
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 93309		Signature: Marcel Parkinson			Date: 03/22/2016			
		Name (type or print): Marcel Parkinson			Title: Owner			
Processed 03/22/2016 * Electronically provided signatures are accepted as original signatures.								