



## STATE OF IDAHO

*Office of the secretary of state, Lawerence Denney*

## ANNUAL REPORT

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$0.00

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-FILED-

File #: 0004366103

Date Filed: 8/3/2021 10:55:57 AM

| Entity Name and Mailing Address:   |   |                                   |      |       |                  |                 |         |                                   |
|--|---|-----------------------------------|------|-------|------------------|-----------------|---------|-----------------------------------|
| Entity Name:   | LEGEND CROSSFIT LLC   |                                   |      |       |                  |                 |         |                                   |
| The file number of this entity on the records of the Idaho Secretary of State is:  | 0000242670  |                                   |      |       |                  |                 |         |                                   |
| Address  | PO BOX 845<br>MC CALL, ID 83638-0845  |                                   |      |       |                  |                 |         |                                   |
| Entity Details:  |   |                                   |      |       |                  |                 |         |                                   |
| Entity Status  | Active-Existing   |                                   |      |       |                  |                 |         |                                   |
| This entity is organized under the laws of:  | IDAHO   |                                   |      |       |                  |                 |         |                                   |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:  | W77503  |                                   |      |       |                  |                 |         |                                   |
| The registered agent on record is:   |   |                                   |      |       |                  |                 |         |                                   |
| Registered Agent   | JOEY PIETRI<br>Registered Agent<br>Physical Address<br>203 SPRINGS BLVD<br>#4<br>MC CALL, ID 83638<br>Mailing Address                                     |                                   |      |       |                  |                 |         |                                   |
| The name and street address of the new registered agent and office in Idaho is:  |   |                                   |      |       |                  |                 |         |                                   |
| Registered Agent   | Registered Agent<br>Cheyenne Pietri<br>Physical Address:<br>14301 NISULA<br>MC CALL, ID 83638<br>Mailing Address:<br>PO BOX 845<br>MC CALL, ID 83638-0845 |                                   |      |       |                  |                 |         |                                   |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.   |   |                                   |      |       |                  |                 |         |                                   |
| Limited Liability Company Managers and Members   |   |                                   |      |       |                  |                 |         |                                   |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Business Address</th> </tr> </thead> <tbody> <tr> <td>Cheyenne Pietri</td> <td>Manager</td> <td>P.O. BOX 845<br/>MC CALL, ID 83638</td> </tr> </tbody> </table> |   |                                   | Name | Title | Business Address | Cheyenne Pietri | Manager | P.O. BOX 845<br>MC CALL, ID 83638 |
| Name   | Title   | Business Address                  |      |       |                  |                 |         |                                   |
| Cheyenne Pietri  | Manager   | P.O. BOX 845<br>MC CALL, ID 83638 |      |       |                  |                 |         |                                   |
| The annual report must be signed by an authorized signer of the entity.  |   |                                   |      |       |                  |                 |         |                                   |
| Job Title: Manager   |   |                                   |      |       |                  |                 |         |                                   |
| <i>Cheyenne Pietri</i>   |   |                                   |      |       |                  |                 |         |                                   |
| <i>08/03/2021</i>  |   |                                   |      |       |                  |                 |         |                                   |
| Sign Here  | Date  |                                   |      |       |                  |                 |         |                                   |