

No. W 178318	Due no later than Feb 28, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. UR' FITNESS L.L.C. UR' FITNESS LLC PO BOX 551 SPIRIT LAKE ID 83869 USA		AMANDA FOWLER 32748 5TH AVE SPIRIT LAKE ID 83869-8386			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	AMANDA C FOWLER	PO BOX	SPIRIT LAKE	ID	USA	83869
5. Organized Under the Laws of: ID W 178318		6. Annual Report must be signed.* Signature: Amanda Fowler Name (type or print): Amanda Fowler		Date: 03/22/2018 Title: Owner		
Processed 03/22/2018		* Electronically provided signatures are accepted as original signatures.				