

No. W 20978	Reinstatement Annual Report Form ADMIN DISSOLVED 01/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) BARRY KILLIAN 1037 E RIVERSONG DR EAGLE ID 83616														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. FITNESS 19 ID 101, LLC BARRY A KILLIAN 3658 S FINDLEY AVE BLDG A-1 BOISE ID 83705	1037 E Riversong dr. Eagle ID 83616	3. New Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>F-19 Holdings, LLC</td> <td>17215 SE Wax Rd</td> <td>Covington</td> <td>WA</td> <td>USA</td> <td>98012</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Member	F-19 Holdings, LLC	17215 SE Wax Rd	Covington	WA	USA	98012
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
Member	F-19 Holdings, LLC	17215 SE Wax Rd	Covington	WA	USA	98012											
5. Organized Under the Laws of: IDAHO W 20978	6. <table border="1"> <tr> <td>Signature: <u>Casey Pirog</u></td> <td>Date: <u>7-29-10</u></td> </tr> <tr> <td>Name (type or print): <u>Casey Pirog</u></td> <td>Title: <u>Operations</u></td> </tr> </table>			Signature: <u>Casey Pirog</u>	Date: <u>7-29-10</u>	Name (type or print): <u>Casey Pirog</u>	Title: <u>Operations</u>										
Signature: <u>Casey Pirog</u>	Date: <u>7-29-10</u>																
Name (type or print): <u>Casey Pirog</u>	Title: <u>Operations</u>																

Issued 07/28/2010 by J.1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the