| No. W 35098 | | Due no later than Dec 31, 2009 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|--|----------------------|---------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. EASTSIDE FITNESS, L.L.C. JAY J BRIDE 320 2ND AVE N. TWIN FALLS ID 83301 | | 2617 JOSI | LORI ANN MACE 2617 JOSHUA WAY TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
| | | | | 3. New Regis | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | <u> </u> | | | |
| 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 LORI ANN MACE | | 1ACE | 2617 JOSHUA WAY | TWIN FALLS | S ID | USA | 83301 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 35098 | | Signature: Lori Mace | | | Date: 10/19/2009 | | | |
| | | Name (type or print): Lori Mace | | | Title: Member | | | |
| Processed 10/19/2009 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |