No. **W 165675**	**Due no later than Apr 30, 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.** CLARITY PERSONAL TRAINING LLC KRISTIE HOLMAN 2022 4TH AVE EAST SUITE A TWIN FALLS ID 83301	KRISTIE HOLMAN 2022 4TH AVE. EAST SUITE A TWIN FALLS ID 83301 3. New 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
MANAGER	KRISTIE ANN HOLMAN	2022 4TH AVE EAST SUITE A	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 165675**	Signature: Kristie Holman	Date: 02/26/2018
	Name (type or print): Kristie Holman	Title: Owner

Processed 02/26/2018

* Electronically provided signatures are accepted as original signatures.