

No. W 129919	Due no later than Oct 31, 2017 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. 4 RIVERS CROSSFIT, LLC KEVIN O'NEIL 3705 ELMORE RD PARMA ID 83660	KEVIN O'NEIL 3705 ELMORE RD PARMA ID 83660				
		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	KEVIN O'NEIL	3705 ELMORE RD	PARMA	ID	USA	83660
5. Organized Under the Laws of: ID W 129919	6. Annual Report must be signed.* Signature: Kevin O'Neil Name (type or print): Kevin O'Neil		Date: 09/07/2017 Title: member			
Processed 09/07/2017		* Electronically provided signatures are accepted as original signatures.				