

No. W 114793	Reinstatement Annual Report Form ADMIN DISSOLVED 09/23/2014		2. Registered Agent and Office (NOT A P.O. BOX) JOHN HASSELL 4108 NORMANDIE DR <i>339 N. Copper tree Dr</i> BOISE ID 83705 <i>Nampa ID 83651</i>																																			
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. EXPEDITION FITNESS LLC JOHN CLEON HASSELL 4108 NORMANDIE DR <i>339 N. Copper tree Dr</i> BOISE ID 83705 <i>Nampa ID 83651</i>		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>John C. Hassell III</i></td> <td><i>339 N. Copper tree Dr</i></td> <td><i>Nampa</i></td> <td><i>ID</i></td> <td><i>U.S.</i></td> <td><i>83651</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>John C. Hassell III</i>	<i>339 N. Copper tree Dr</i>	<i>Nampa</i>	<i>ID</i>	<i>U.S.</i>	<i>83651</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 114793 </div>		6. Signature: <i>[Signature]</i> <hr/> Name (type or print): <i>John Cleon Hassell III</i> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <i>01/29/16</i> <hr/> Title: <i>Owner</i> <hr/> </div> </div>																																				