

No. <b>W 77503</b>		Due no later than Sep 30, 2009		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  LEGEND CROSSFIT LLC CHEYENNE PIETRI PO BOX 2265 MCCALL ID 83638		JOEY PIETRI 1069 NORTHVIEW DR MCCALL ID 83638	
				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	CHEYENNE PIETRI	PO BOX 2265 325 COMMERCE STREET	MCCALL	ID	USA 83638
5. Organized Under the Laws of:  <b>ID W 77503</b>		6. Annual Report must be signed.* Signature: joey Pietri Name (type or print): joey Pietri Date: 07/21/2009 Title: Partner			
Processed 07/21/2009		* Electronically provided signatures are accepted as original signatures.			