

FILED EFFECTIVE

No. W 112541	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) BRIAN REDTFELDT 3527 E. 604 LINDEN ST Handcart BOISE ID 83706 Ln. Boise, Id 83716
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. BC FITNESS, LLC 3132 S BOWEN WAY 1175 E Parkcenter BOISE ID 83706 Suite 105		3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	BRIAN REDTFELDT	3527 E HANDCART LN, ID ADA	83716
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	CAROLINE REDTFELDT	3527 E HANDCART BOISE ID ADA	83716
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 112541 </div>		6. Signature: <u>Brian Redtfeldt</u> Date: <u>3/2/15</u> Name (type or print): <u>BRIAN REDTFELDT</u> Title: <u>MEMBER</u>	

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM