Annual Report Form

Due No Later Than November 30,

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

★ FIRST NOTICE ★

1. Mailing Address - Please Correct, If Not Correct

EXERCISE INSTITUTE, INC.
MICHAEL S TEATER
610 W HUBBARD #106

COEUR D'ALENE ID 83814

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610 W HUBBARD #106

COEUR D'ALENE ID 83814

3. Organized Under the Laws of:

ID C113124

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ❑ **Managers** or ❑ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Michael S. Teater	909 E. 1st	Post Falls	Id	83854
Secretary	J. David Teater	2206 Canyon Dr.	Coeur d'Alene	Id.	83814

5. Signature of New Registered Agent

6.

Signature _____ Date _____

Name (Typed or Printed) Michael S Teater Title President

ISSUED: 07-03-1998

27239

DO NOT TAPE OR STAPLE