No. ¢135157		Report Form 19 Than November 30,	/ · •	gent and Office <b>NO</b>	
SECRETARY OF STATE	1. Mailing Address - Please C	Correct, If Not Correct	MARYAN 1715 N	-15TH 3TR	. 1
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	FITNESS MANAGE	HO- MARYANNA YO	30ISE	Jest Main.	83702
NO FEE REQUIRED		Boise, I	<b>&gt;</b> .	nder the Laws of:	
* FIRST NOTICE *  4. Corporations: Enter Names and Limited Liability Companies: Enter		cretary and Directors	mbers (check one)	<u> </u>	5157
Office held Name	Street o	or P.O. Address	<u>City</u>	State	Zíp Don
CFO Done An	dain	439 MAIN	boise Boise	D.	1370Z 8370Z
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5. MATURE OF BUSINESS	knowledge t	t this Annual Report has true, correct and complet	e.		' <b>   </b>
MATURE OF BUSINESS	6. I certify that knowledge to Signature	true, correct and complet	J Date	ne and is to the be	' <b>   </b>
MATURE OF BUSINESS	knowledge to Signature _ Name (Typed o Printed)	true, correct and complet	J Date	10.25.0	' <b>   </b>
HATURE OF BUSINESS WORDS	knowledge to Signature _ Name (Typed o Printed)	true, correct and complet	J Date	10.25.0	' <b>   </b>