No. W 85837	Due no later than Jul 31, 2012		2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form			MARNI M HENDERSON			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. SPIRAL HEALTH & FITNESS, LLC MARNI M HENDERSON 5827 S ACHERON AVE			5827 S ACHERON AVE BOISE ID 83709			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			BOISE ID				
	BOISE ID 83709		3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MARNI M HENDERSON 5827 S. A		5827 S. ACHERON AVE	BOISE	ID	USA	83709	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Ma		Date: 05/21/2012				
W 85837	Name (type o		Title: Manager				
Processed 05/21/2012	* Electronically provided signatures are accepted as original signatures.						