No. W 126589		Due no later than Jun 30, 2014		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CARLEE NELSON				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BODY FX L.L.C. CARLEE NELSON 439 COINER CIRCLE TWIN FALLS ID 83301		439 COINER CIRCLE TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies	s: Enter Nar	mes and Addresses o	f at least one Member or Manage	r.				
Office Held N	lame		Street or PO Address		City	State	Country	Postal Code
MANAGER S	1ANAGER SANDEE NEL		1142 S 2600 E		HAZELTON	ID	USA	83335
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: CarLee Nelson- Ozuna			Date: 04/13/2014			
W 126589		Name (type or print): CarLee Nelson- Ozuna			Title: Owner			
Processed 04/13/2014 * Electronically provided signatures are accepted as original signatures.								