No. <b>W 116927</b>		Due no later than Aug 31, 2014		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		TIMOTHY KHOLOS HANNA				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  NATURAL MOVEMENT FITNESS LLC  TIMOTHY K HANNA  PO BOX 4052  KETCHUM ID 83340			620 4TH AVE #2 KETCHUM ID 83340  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies	: Enter Nai	mes and Addresse	es of at least one Member or Manager.					
Office Held Na	ame		Street or PO Address		City	State	Country	Postal Code
MANAGER TI	MOTHY K	HANNA	PO BOX 4052		KETCHUM	ID	USA	83340
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Timothy K Hanna			Date: 08/18/2014			
W 116927		Name (type or print): Timothy K Hanna			Title: Manager			
Processed 08/18/2014 * Electronically provided signatures are accepted as original signatures.								