No. W 63884 Return to:		Due no later than Jun 30, 2014 Annual Report Form		2	2. Registered Agent and Address (NO PO BOX) STEVE APPLETON 3850 S ORCHARD BOISE ID 83705 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FIT 4, LLC CHRIS APPLETON PO BOX 16650 BOISE ID 83715 USA						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	ESTATE OF S	STEVE APPLETON	PO BOX 16650		BOISE	ID	USA	83715
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 63884		Signature: Chris Appleton			Date: 04/16/2014			
		Name (type or print): Chris Appleton			Title: Personal Representative			
Processed 04/16/2014 * Electronically provided signatures are accepted as original signatures.								