| No. W 17755 | | Due no later than Jan 31, 2018 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|--|--|---|--------------|----------------|--|
| Return to: | | Annual Report Form | | The State of the S | CHRISTOPHER VELOZ 3828 E FLAMINGO AVE NAMPA ID 83687 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. HEALTH-FIT DESIGNS, LLC CHRISTOPHER EDWARD VELOZ 3828 E FLAMINGO AVE NAMPA ID 83687 | | NAMPA ID | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | NAME OSCO | | 5. <u></u> | er su 7 igenie s | g. 14 ta. 61 | | |
| 4. Limited Liability Companies: | : Enter Nar | nes and Addresses of a | t least one Member or Manager. | | | | | |
| Office Held Na | ame | | Street or PO Address | City | State | Country | Postal Code | |
| | JOCABED COMPEAN VELOZ CHRISTOPHER EDWARD VELOZ | | 721 5TH STREET SOUTH 721 5TH STREET SOUTH | Nampa Nampa | ID ID | USA USA | 83651 83651 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 17755 | | Signature: Christoph | | Date: 12/26/2017 | | | | |
| | | Name (type or print) | | Title: Member | | | | |
| Processed 12/26/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |