No. **W 67233**	**Due no later than Oct 31, 2014** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** KIMBERLY FITNESS CENTER, LLC ROBIN R SMITH 430 CENTER ST E KIMBERLY ID 83341 USA	ROBIN SMITH 430 CENTER ST E KIMBERLY ID 83341 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	ROBIN SMITH	430 CENTER ST E	KIMBERLY	ID	USA	83341
MEMBER	JASON SMITH	430 CENTER ST E	KIMBERLY	ID	USA	83341

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 67233**	Signature: Robin Smith	Date: 08/20/2014
	Name (type or print): Robin Smith	Title: Owner

Processed 08/20/2014

* Electronically provided signatures are accepted as original signatures.