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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------|---------------------|
| No. <b>W 152411</b>                                                                                                                                    |                    | Due no later than Jun 30, 2016                                                                                                                                                                              |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SMART FITNESS OF THE LEWIS-CLARK VALLEY LLC<br>WILLIAM A NEUMAYER<br>38571 MILLER RD<br>LEWISTON ID 83501 |          | WILLIAM A NEUMAYER<br>38571 MILLER RD<br>LEWISTON ID 83501 |                     |
|                                                                                                                                                        |                    |                                                                                                                                                                                                             |          | 3. <u>New</u> 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                                                                                                                                                 | WILLIAM A NEUMAYER | 38571 MILLER RD                                                                                                                                                                                             | LEWISTON | ID                                                         | USA 83501           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 152411</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: William A Neumayer<br>Name (type or print): William A Neumayer<br>Date: 04/27/2016<br>Title: member                                                         |          |                                                            |                     |
| Processed 04/27/2016                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                                                   |          |                                                            |                     |