No. C 205918 Return to:	Due no later than May 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. NANCY'S FITNESS, INC NANCY L SMITH 100 ASPEN DR POTLATCH ID 83855			2. Registered Agent and Address (NO PO BOX) NANCY L SMITH 100 ASPEN DR POTLATCH ID 83855-8385 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			POTLATCI				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Trea	asurer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT NANCY SMIT	H PRESIDENT	100 ASPEN DR	POTLATCH	ID	USA	83855	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: Nand		Date: 03/23/2016				
C 205918	Name (type or p		Title: President				
Processed 03/23/2016	* Electronically provided signatures are accepted as original signatures.						