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|--|-------------------------|--|-------------|---|---------|-----------------------|--|
| No. W 117906 | | Due no later than Oct 31, 2015 | | 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. BODY BALANCE PROFESSIONALS LLC THOMAS KEITH STRICKLAND II 4561 E JOHN ADAMS PARKWAY IDAHO FALLS ID 83406 | | THOMAS STRICKLAND 1750 S. RIMLINE DR. IDAHO FALLS ID 83401-8340 | | | |
| | | | | 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 | THOMAS KEITH STRICKLAND | 1750 S. RIMLINE DR. | IDAHO FALLS | ID | USA | 83401 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 117906 | | Signature: Thomas Strickland | | | | Date: 11/12/2015 | |
| | | Name (type or print): Thomas Strickland | | | | Title: Owner/Operator | |
| Processed 11/12/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |