No. **W 85988**	**Due no later than Aug 31, 2016**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** GATE CROSSFIT LLC (THE) AUSTIN K SHAWVER 415 YELLOWSTONE STE. F POCATELLO ID 83201	AUSTIN SHAWVER 5351 WHITAKER RD. CHUBBUCK ID 83202 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
MANAGER	LACI M SHAWVER	5351 WHITAKER RD.	CHUBBUCK	ID	USA	83202

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 85988**	Signature: Austin Shawver Name (type or print): Austin Shawver	Date: 06/21/2016 Title: Owner

Processed 06/21/2016

* Electronically provided signatures are accepted as original signatures.