

No. W 68883		Due no later than Nov 30, 2012 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		1. Mailing Address: Correct in this box if needed. FIRE MOUNTAIN FITNESS COMPANY, LLC JONI D CAIN P.O. BOX 595 712 MAIN ST CHALLIS ID 83226 USA		JONI D CAIN 170 ROD & GUN CLUB LOOP CHALLIS ID 83226			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MANAGER	PIERRE C CAIN	HC 63 BOX 1570-1	CHALLIS	ID	USA	83226	
MANAGER	JONI D CAIN	HC 63 BOX 1570-1	CHALLIS	ID	USA	83226	
5. Organized Under the Laws of: ID W 68883		6. Annual Report must be signed.* Signature: /s/ Joni D Cain Name (type or print): /s/ Joni D Cain					
		Date: 12/23/2012 Title: Co-owner					
Processed 12/23/2012		* Electronically provided signatures are accepted as original signatures.					