No. **W 107273**	**Due no later than Oct 31, 2012**	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.** SANDPOINT WARRIOR FITNESS LLC 506 OAK ST SANDPOINT ID 83864	SUZIE COFFMAN 506 OAK ST SANDPOINT ID 83864 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	KRISTEN S COFFMAN	528 S MARION	SANDPOINT	ID	USA	83864

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 107273**	Signature: Suzie Coffman	Date: 09/18/2012
	Name (type or print): Suzie Coffman	Title: Co Owner

Processed 09/18/2012

* Electronically provided signatures are accepted as original signatures.