

|  |                     |   |          |  |         |             |  |
|--|---------------------|---|----------|--|---------|-------------|--|
| No. <b>W 56247</b>   |                     | Due no later than Nov 30, 2009  |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>                 |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                     | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>FITNESS FLAIR LLC<br>MELISSA L HOLLISTER<br>2123 E. LOBELIA STREET<br>MERIDIAN ID 83646 |          | MELISSA L HOLLISTER<br>2123 E. LOBELIA STREET<br>MERIDIAN ID 83646 |         |             |  |
|  |                     |   |          | 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   | MELISSA L HOLLISTER | 2123 E. LOBELIA STREET  | MERIDIAN | ID   | USA     | 83646       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 56247</b>   |                     | 6. Annual Report must be signed.*<br>Signature: Melissa L Hollister<br>Name (type or print): Melissa L Hollister<br>Date: 11/30/2009<br>Title: President                                  |          |  |         |             |  |
| Processed 11/30/2009   |                     | * Electronically provided signatures are accepted as original signatures.   |          |  |         |             |  |