

No. C 116547	Due no later than September 30, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX D. LEON ANDERSON 713 SHERRY RD NAMPA, ID 83686																														
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 applicable NEW LIFE FITNESS, INC. D. LEON ANDERSON 713 SHERRY RD 3799 W. Mtn. View Dr. NAMPA, ID 83686 Rexburg, ID 83440	3. <u>New</u> Registered Agent Signature																														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>D. Leon Anderson</td> <td>3799 W. Mtn. View Dr</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>VP.</td> <td>LALAN</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sec.</td> <td>MARILYN K. Anderson</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Treas.</td> <td>D. Leon Anderson</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	D. Leon Anderson	3799 W. Mtn. View Dr	Rexburg	ID	83440	VP.	LALAN					Sec.	MARILYN K. Anderson					Treas.	D. Leon Anderson				
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