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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------|---------------------|
| No. <b>W 62752</b>                                                                                                                                     |                 | <b>Due no later than May 31, 2018</b>                                                                                                                                                             |            | 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>OPTI-FIT, LLC<br>C/O WITHERSPOON KELLEY<br>608 NORTHWEST BLVD STE 300<br>COEUR D ALENE ID 83814 |            | DENNIS M DAVIS<br>608 NORTHWEST BLVD STE 300<br>COEUR D'ALENE ID 83814 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                                                   |            | 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                                                                                                                                                 | JOHN L PENNINGS | 750 SYRINGA #205                                                                                                                                                                                  | POST FALLS | ID                                                                     | 83854               |
| MEMBER                                                                                                                                                 | TERESE M FANDEL | 705 SYRINGA #205                                                                                                                                                                                  | POST FALLS | ID                                                                     | 83854               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 62752</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Dennis M. Davis<br>Name (type or print): Dennis M. Davis<br>Date: 05/22/2018<br>Title: Registered Agent Designee                                  |            |                                                                        |                     |
| Processed 05/22/2018                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                         |            |                                                                        |                     |