No. W 88268 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011 1. Mailing Address: Correct in this box if needed. DELTA PERSONAL TRAINING LLC 2276 W GRAND TETON DR			2. Registered Agent and Office (NOT A P.O. BOX) SHANNON JOY TOURVILLE 2276 W GRAND TETON DR MERIDIAN ID 83646 3. New Registered Agent Signature.			
REINSTATEMENT FEE DUE: \$30.00 4. Limited Liability Companie	MERIDIAN ID 83646		gers OR Members. Se			ignature.	
Manager or Member Name Manager Member (circle one)		Street or PO	City	State	Country	Postal Code	
SHANNON	TOURVILLE	2276	N GRANO IDAHO				
5. Organized Under the Laws of IDAHO W 88268 Issued 07/13/2011 by LJM	Signature:	Phar 5HAN	NON TOUR	VILLE		Date: 1	7/16/11· mæs
100000 07 10/2011 by 1011	<u></u>						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- **Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.
- **Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**
- **Block 3:** Only a <u>new</u> registered agent must sign in Block 3.
- **Block 4:** Circle either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company.**Note: Do not put "same as last year" or "same as above". These will not be accepted.**
- **Block 5:** May not be altered through the use of this form.
- **Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.