No. <b>W 107849</b>	Due no later than Oct 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		SONJA COLEMAN 2940 BEAVERBROOK DR HAILEY ID 83333			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if ne					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SONJA COLEMAN FITNESS, LLC SONJA COLEMAN 2940 BEAVERBROOK DR. HAILEY ID 83333  3. New Registered Agent Signati					
			gnature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter Na	ames and Addresses of at least one Member or Manag	er.				
Office Held Name	Street or PO Address		City	State	Country	Postal Code
MANAGER SONJA COL	EMAN 2940 BEAVERBROOK DR.		HAILEY	ID	USA	83333
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID ID	Signature: Sonja Coleman	Date: 12/22/2012				
W 107849	Name (type or print): Sonja Coleman	Title: Manager				
Processed 12/22/2012	* Electronically provided signatures are accepted as original signatures.					