

No. <b>W 92349</b>		<b>Due no later than Apr 30, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  U AIM HIGH FITNESS & NUTRITION, LLC PAMELA OWEN 310 N PROMENADE LP A202 POST FALLS ID 83854-7302 USA		PAMELA OWEN 310 N PROMENADE LP A202 POST FALLS ID 83854-7302	
				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
MANAGER	SHAWN BURKE	310 N PROMENADE LP A202	POST FALLS	ID	USA 83854-7302
5. Organized Under the Laws of:  <b>ID W 92349</b>		6. Annual Report must be signed.* Signature: Pamela Owen Name (type or print): Pamela Owen Date: 04/22/2012 Title: Vice President			
Processed 04/22/2012		* Electronically provided signatures are accepted as original signatures.			