


# FILED

| <b>No. W 114049</b>  | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 08/25/2015</b>  |  |                   |       |                      |             |       |         |             |   |                      |                    |       |     |  |       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|--|-------------------|-------|----------------------|-------------|-------|---------|-------------|---|----------------------|--------------------|-------|-----|--|-------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>  | <b>1. Mailing Address: Correct in this box if needed.</b><br>BOISE ULTIMATE FITNESS FACTORY, LLC<br>TERRENCE MCLAUGHLIN<br>9635 W HEARTHSIDE DR ← →<br><del>BOISE ID 83709</del>                                | <b>2. Registered Agent and Office</b><br><b>(NOT A P.O. BOX)</b><br>TERRENCE MCLAUGHLIN<br><del>9635 W HEARTHSIDE DR</del><br><del>BOISE ID 83709</del><br>5177 S PAIUTE CIR<br>BOISE ID 83709 |                   |       |                      |             |       |         |             |   |                      |                    |       |     |  |       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   | <b>3. <u>New</u> Registered Agent Signature.</b>   |                   |       |                      |             |       |         |             |   |                      |                    |       |     |  |       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td><td>Terrence McLaughlin,</td><td>5177 S Paiute Cir,</td><td>Boise</td><td>ID,</td><td></td><td>83709</td></tr><tr><td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> |   |  | Manager or Member | Name  | Street or PO Address | City        | State | Country | Postal Code | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Terrence McLaughlin, | 5177 S Paiute Cir, | Boise | ID, |  | 83709 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member  | Name  | Street or PO Address   | City              | State | Country              | Postal Code |       |         |             |   |                      |                    |       |     |  |       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>  | Terrence McLaughlin,  | 5177 S Paiute Cir,   | Boise             | ID,   |                      | 83709       |       |         |             |   |                      |                    |       |     |  |       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>  |   |  |                   |       |                      |             |       |         |             |   |                      |                    |       |     |  |       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |  |                   |       |                      |             |       |         |             |   |                      |                    |       |     |  |       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |  |                   |       |                      |             |       |         |             |   |                      |                    |       |     |  |       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5. Organized Under the Laws of:</b><br><br><b>IDAHO</b><br><b>W 114049</b>  | <b>6.</b><br>Signature: <br>Name (type or print):<br>Terrence McLaughlin<br><br>Date: <u>7-1-2017</u><br>Title: <u>Member</u> |  |                   |       |                      |             |       |         |             |   |                      |                    |       |     |  |       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Issued 07/27/2016 by online  |   |  |                   |       |                      |             |       |         |             |   |                      |                    |       |     |  |       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |