| No. W 108511 | | Due no later than Nov 30, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|----------------|---|--------------------------------------|---|--------------------------|-------|---------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. STEPHANIE.FITNESS, LLC STEPHANIE M WOODS 1337 WALSTROM LN IDAHO FALLS ID 83404 | | STEPHANIE WOODS 1337 WALSTROM LN IDAHO FALLS ID 83404 3. New Registered Agent Signature:* | | | | |
| | | | | | | | | NO FILING FEE IF RECEIVED BY DUE DATE |
| 4. Limited Liability Compa | nies: Enter Na | mes and Address | ses of at least one Member or Manage | r. | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER ZACK G WOO | | OODS | 1337 WALSTROM LANE | | IDAHO FALLS | ID | USA | 83404 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Stephanie Woods | | | Date: 10/04/2016 | | | |
| W 108511 | | Name (type or print): Stephanie Woods | | | Title: Stephanie.Fitness | | | |
| Processed 10/04/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |