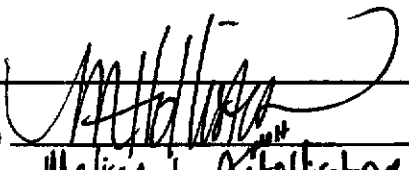


No. W 56247	Due no later than November 30, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable FITNESS FLAIR LLC MELISSA L HOLLISTER 2147 E KAMAY DR MERIDIAN, ID 83646		MELISSA L HOLLISTER 2147 E KAMAY DR MERIDIAN, ID 83646												
			3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0"><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td><i>President</i></td><td><i>Melissa Hollister</i></td><td><i>2147 E Kamay Dr</i></td><td><i>Meridian</i></td><td><i>ID</i></td><td><i>83646</i></td></tr></tbody></table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<i>President</i>	<i>Melissa Hollister</i>	<i>2147 E Kamay Dr</i>	<i>Meridian</i>	<i>ID</i>	<i>83646</i>
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
<i>President</i>	<i>Melissa Hollister</i>	<i>2147 E Kamay Dr</i>	<i>Meridian</i>	<i>ID</i>	<i>83646</i>										
5. Organized Under the Laws of: IDAHO W 56247	6.  Signature _____ Date <i>12/15/08</i> Name (Typed or Printed) <i>Melissa L. Hollister</i> Title <i>President</i>														

Issued 09/02/2008

Do Not Tape or Staple

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