

|  |                    |   |         |   |         |             |  |
|--|--------------------|---|---------|---|---------|-------------|--|
| No. <b>W 95894</b>   |                    | <b>Due no later than Aug 31, 2014</b>   |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ELITE HEALTH CLUB, LLC<br>CURTIS A MASON<br>1200 OAKLEY AVENUE<br>BURLEY ID 83318 |         | CURTIS ANGUS MASON<br>583 GREENBRIER DR<br>HEYBURN ID 83336 |         |             |  |
|  |                    |   |         | 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 |  |
| MEMBER   | CURTIS ANGUS MASON | 583 GREENBRIER DR   | HEYBURN | ID  | USA     | 83336       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 95894</b>   |                    | 6. Annual Report must be signed.*<br>Signature: Curtis Mason<br>Name (type or print): Curtis Mason<br>Date: 09/09/2014<br>Title: Ceo  |         |   |         |             |  |
| Processed 09/09/2014   |                    | * Electronically provided signatures are accepted as original signatures.   |         |   |         |             |  |