

No. W 77503		Due no later than Sep 30, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. LEGEND CROSSFIT LLC CHEYENNE PIETRI PO BOX 845 MCCALL ID 83638 USA		JOEY PIETRI 1069 NORTHVIEW DR MCCALL ID 83638			
				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	CHEYENNE PIETRI	PO BOX 2265 115 COMMERCE STREET SUITE A	MCCALL	ID	USA	83638	
5. Organized Under the Laws of: ID W 77503		6. Annual Report must be signed.* Signature: Cheyenne Pietri Name (type or print): Cheyenne Pietri					
		Date: 07/31/2014 Title: Co-Owner					
Processed 07/31/2014		* Electronically provided signatures are accepted as original signatures.					