

August 4, 1994

Toni Wickham
Box 565
Hagerman ID 83332

RE: FITNESS FACTORY, LIMITED LIABILITY #W280

Dear Ms. Wickham:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

The name(s) and address(es) in block 4 have been completed, however, no box has been checked to specify if they are managers or members. Please make the appropriate corrections and resubmit the annual report to this office before December 1, 1994 to avoid cancellation.

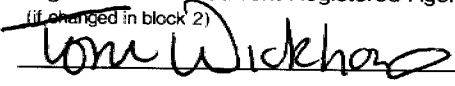
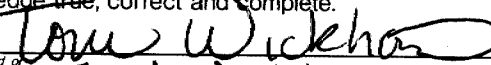
If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

Debbie Farnsworth
Corporate Division

Enclosures: cited

ISSUED: 07-05-1994

No. 280	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office											
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 ★ FIRST NOTICE ★ NO FEE REQUIRED	Due No Later Than November 1, 1994		TOM WICKHAM, Toni 220 STATE											
	1. Mailing Address -- FITNESS FACTORY, LIMITED LIABIL TOM WICKHAM PO BOX 565 HAGERMAN ID 83332		HAGERMAN ID 83332 3. Organized Under The Laws of ID NO: 280											
4. Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) MUST BE PRINTED OR TYPED														
<table border="1"><thead><tr><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>Fitness Factory Limited Liability Company Toni Wickham</td><td>P.O. Box 565</td><td>Hagerman</td><td>ID</td><td>83332</td></tr></tbody></table>					Name	Street or P.O. Address	City	State	Zip	Fitness Factory Limited Liability Company Toni Wickham	P.O. Box 565	Hagerman	ID	83332
Name	Street or P.O. Address	City	State	Zip										
Fitness Factory Limited Liability Company Toni Wickham	P.O. Box 565	Hagerman	ID	83332										
5. Signature of the Current Registered Agent (if changed in block 2) 		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature  Date 7/25/94 Name (Typed or Printed) Toni Wickham												