

No. <b>W 67233</b>		<b>Due no later than Oct 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  KIMBERLY FITNESS CENTER, LLC ROBIN R SMITH 430 CENTER ST E KIMBERLY ID 83341 USA		ROBIN SMITH 430 CENTER ST E KIMBERLY ID 83341			
				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	
MANAGER	ROBIN SMITH	430 CENTER ST E	KIMBERLY	ID	USA	83341	
MEMBER	JASON SMITH	430 CENTER ST E	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:  <b>ID W 67233</b>		6. Annual Report must be signed.* Signature: Robin Smith Name (type or print): Robin Smith					
		Date: 08/31/2012 Title: Owner					
Processed 08/31/2012		* Electronically provided signatures are accepted as original signatures.					