







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney **ANNUAL REPORT**

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-FILED-

File #: 0003803100

Date Filed: 3/4/2020 7:27:55 PM

The file number of this entity on the records of the Idaho Secretary of State is: Address SCOTT M LEWIS 419 TYRA DR IDAHO FALLS, ID 83401-4435 Entity Details: Entity Status Active-Existing IDAHO If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: The registered agent on record is: Registered Agent Physical Address 419 TYRA DRIVE IDAHO FALLS, ID 83401 Mailing Address Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address 419 TYRA DR IDAHO FALLS, ID 83401 Manager SCOTT M LEWIS 8419 TYRA DR IDAHO FALLS, ID 83401 The annual report must be signed by an authorized signer of the entity.	Entity Name and Mailing Address: Solutions Body Shaping LLC			
Entity Details: Entity Status Active-Existing This entity is organized under the laws of: If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: The registered agent on record is: Registered Agent Registered Agent Registered Agent SCOTT M LEWIS Registered Agent Physical Address 419 TYRA DRIVE IDAHO FALLS, ID 83401 Mailing Address Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address SCOTT M LEWIS Registered Agent Physical Address A19 TYRA DRIVE IDAHO FALLS, ID 83401 Manager SCOTT M LEWIS Agent or Address SCOTT M LEWIS All TYRA DR IDAHO FALLS, ID 83401	The file number of this entity on the records of the Idaho Secretary		0003428636	
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Registered Agent Physical Address 419 TYRA DRIVE IDAHO FALLS, ID 83401 Mailing Address Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Scott m lewis Manager Scott m lewis Manager Total Limited Liability Company Managers and Members Name Title Business Address 419 TYRA DR IDAHO FALLS, ID 83401 The annual report must be signed by an authorized signer of the entity.	If applicable, the old file number of		IDATO	
Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address SCOTT M LEWIS 419 TYRA DR IDAHO FALLS, ID 83401 The annual report must be signed by an authorized signer of the entity.	· · · · · · · · · · · · · · · · · · ·		Registered Agent Physical Address 419 TYRA DRIVE IDAHO FALLS, ID 83401	
Name Title Business Address SCOTT M LEWIS 419 TYRA DR IDAHO FALLS, ID 83401 The annual report must be signed by an authorized signer of the entity.	<u> </u>	new agent.		
SCOTT M LEWIS 419 TYRA DR IDAHO FALLS, ID 83401 The annual report must be signed by an authorized signer of the entity.	Limited Liability Company Managers and Me	mbers		
The annual report must be signed by an authorized signer of the entity.	Name	Title	Busine	ess Address
	scott m lewis	Manager	419 TYRA DR	
	The annual report must be signed by an auth	orized signer of the entity.		
	scott m lewis			03/04/2020
Sign Here Date	Sign Here			Date