No. <b>W 85837</b>		Due no later than Jul 31, 2018		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MARNI M HENDERSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SPIRAL HEALTH & FITNESS, LLC  MARNI M HENDERSON  6393 S. RED SHINE WAY  BOISE ID 83709		BOISE ID	6393 S. RED SHINE WAY BOISE ID 83709  3. New Registered Agent Signature:*			
NO FILING RECEIVED BY	DUE DATE	mos and Addrosss	es of at least one Member or Manager.					
Office Held	Name	illes alla Adalesse	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MARNI M F	ENDERSON	6393 S. RED SHINE WAY	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 85837		Signature: Ma		Date: 05/22/2018				
		Name (type or		Title: Manager				
Processed 05/22/2018	3	* Electronically pr	rovided signatures are accepted as origina	al signatures.				