

No. 01923	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To	Due No Later Than November 1, 1988		RANDALL W. DAY																									
Secretary of State	1. Mailing Address — Please Correct 081923		225 MAIN STREET																									
Room 203, Statehouse	AEROBICS AND IRON, INC.		BONNERS FERRY, IDAHO																									
Boise, ID 83720	RAYMOND HARTBARGER		83805 ENTERED																									
SEC. OF STATE	PO BOX 531		3. Incorporated Under The Laws																									
88 NOV 16 AM 8	BONNERS FERRY, IDAHO		of NOV 16 1988																									
STATE OF IDAHO																												
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Joyce Hartbarger</td> <td>P.O. Box 531</td> <td>Bonnors Ferry, Idaho</td> <td></td> <td>83805</td> </tr> <tr> <td>Secretary:</td> <td>Raymond E. Hartbarger</td> <td>P.O. Box 531</td> <td>Bonnors Ferry, Idaho</td> <td></td> <td>83805</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Joyce Hartbarger	P.O. Box 531	Bonnors Ferry, Idaho		83805	Secretary:	Raymond E. Hartbarger	P.O. Box 531	Bonnors Ferry, Idaho		83805	Directors:					
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Directors:																												
5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																										
Fitness Center		<table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td><i>Joyce Hartbarger</i></td> <td>11-1-88</td> </tr> <tr> <td>Name (Typed)</td> <td>Title</td> </tr> <tr> <td>Joyce Hartbarger</td> <td>President</td> </tr> </table>			Signature	Date	<i>Joyce Hartbarger</i>	11-1-88	Name (Typed)	Title	Joyce Hartbarger	President																
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