No. <b>W 158021</b>		Due no later than Nov 30, 2016		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  FITFLICKER LLC  KRISTI GABBERT  10020 N JUSTIN CT  HAYDEN ID 83835		10020 N JUS HAYDEN ID	KRISTI GABBERT 10020 N JUSTIN CT HAYDEN ID 83835  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		mos and Addresses of at	least one Member or Manager					
Office Held	Name	ries and Addresses of at	Street or PO Address	City	State	Country	Postal Code	
MANAGER KRISTI GABBERT		BERT	10020 N JUSTIN CT	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of:  ID  W 158021		6. Annual Report must I Signature: Kristi Gab Name (type or print):		Date: 09/29/2016 Title: Owner				
Processed 09/29/2016		* Electronically provided signatures are accepted as original signatures.						