No. **W 117529**	**Due no later than Sep 30, 2018** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** SC FITNESS, LLC SHAWN CARLSON 2054 S EAGLE RD MERIDIAN ID 83642	SHAWN CARLSON 1212 W TIDA ST MERIDIAN ID 83642-8364 3. New 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	SHAWN M CARLSON	2054 S EAGLE RD SUITE 102	MERIDIAN	ID	USA	83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 117529**	Signature: Shawn Carlson	Date: 09/04/2018
	Name (type or print): Shawn Carlson	Title: President/Owner

Processed 09/04/2018

* Electronically provided signatures are accepted as original signatures.