

No. <b>W 11172</b>	<b>Due no later than Feb 28, 2003</b>		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b>																				
	1. Mailing Address - Check in this box if applicable <b>FORTE/PILATES, LLC</b>  PO BOX 954  BOISE, ID 83702		MICHELLE C SHANAFELT 518 9TH ST STE 200 FULTON STREET ANNEX BOISE, ID 83702  3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers.  <table border="1"> <thead> <tr> <th>Office held</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>owner / manager</td> <td>Michelle C. Shanafelt,</td> <td>518 S. 9th St, Ste 200,</td> <td>Boise,</td> <td>ID</td> <td>83702</td> </tr> <tr> <td></td> <td></td> <td>PO Box 954</td> <td></td> <td></td> <td>83701</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	owner / manager	Michelle C. Shanafelt,	518 S. 9th St, Ste 200,	Boise,	ID	83702			PO Box 954			83701
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		PO Box 954			83701																
5. Organized Under the Laws of:  IDAHO W 11172	6. Signature <i>Michelle C Shanafelt</i> Date <i>12/9/02</i> Name (Typed or Printed) <i>Michelle C Shanafelt</i> Title <i>owner / manager</i>																				

Issued 12/02/2002

**Do Not Tape or Staple**

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