No. W 16390		Due no later than Aug 31, 2011		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TERI L AHRENS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. 4FITNESS, LLC TERI L AHRENS 5960 W HALF MOON LANE EAGLE ID 83616		EAGLE ID	5960 W HALF MOON LANE EAGLE ID 83616 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Na	mes and Addresses of a	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER TERILAHR		ENS	5960 W HALF MOON LANE	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Teri L. Ahrens			Date: 09/14/2011			
W 16390		Name (type or prin		Title: Member				
Processed 09/14/2011 * Electronically provided signatures are accepted as original signatures.								