No. W 63884 Return to:		Due no later than Jun 30, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. FIT 4, LLC STEVE APPLETON PO BOX 16650 BOISE ID 83715 USA		2.	2. Registered Agent and Address (NO PO BOX) STEVE APPLETON 3800 S ORCHARD BOISE ID 83705 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE								
		mes and Addresses of at	least one Member or Manager.	<u> </u>				
Office Held	Name		Street or PO Address	(City	State	Country	Postal Code
MEMBER STEVE APPL		ETON	PO BOX 16650	E	BOISE	ID	USA	83715
5. Organized Under the Laws of: ID W 63884		6. Annual Report must be signed.* Signature: Jennifer Iacoboni			Date: 05/02/2011			
		Name (type or print): Jennifer Iacoboni Title: Office Manager * Electropically provided cirrectures are accorted as existing cirrectures.						
Processed 05/02/2011 * Electronically provided signatures are accepted as original signatures.								