| No. W 97648 | | Due no later than Nov 30, 2015 | 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. CDA FIT, LLC MEGAN LEARY PO BOX 1804 COEUR D' ALENE ID 83816 | MEGAN MOTLEY 512 E SHORE PINES POST FALLS ID 83854 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 4. Limited Liability Companie | es: Enter Nar | mes and Addresses of at least one Member or Manager. | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code |
| | SHAUN LEAF MARIA SCAL | AND THE RESIDENCE OF THE PROPERTY OF THE PROPE | COEUR D' ALENE CDA | ID ID | USA USA | 83816 83814 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID W 97648 | | Signature: Megan Leary | Date: 09/28/2015 | | | |
| | | Name (type or print): Megan Leary | Title: Director | | | |
| Processed 09/28/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | |