No. W 118466 Return to:		Due no later than Oct 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. "PACK" CROSSFIT TWIN FALLS LLC ("THE") KRISTIN LEE CLEPPER 2340 ELDRIDGE AVE TWIN FALLS ID 83301		2. Registered A	Registered Agent and Address (NO PO BOX) 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*			
				h makes and 100 k				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	HENRY JASF	PER CLEPPER	2340 ELDRIDGE AVE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 118466		Signature: Kristi		Date: 10/09/2014				
		Name (type or p		Title: Owner				
Processed 10/09/2014 * Electronically provided signatures are accepted as original signatures.								