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| No. W 68883 | | Due no later than Nov 30, 2014 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. FIRE MOUNTAIN FITNESS COMPANY, LLC JONI D CAIN P.O. BOX 595 712 MAIN ST CHALLIS ID 83226 USA | | JONI D CAIN 170 ROD & GUN CLUB LOOP CHALLIS 83226 | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country Postal Code |
| MANAGER | PIERRE C CAIN | HC 63 BOX 1570-1 | CHALLIS | ID | 83226 |
| MANAGER | JONI D CAIN | HC 63 BOX 1570-1 | CHALLIS | ID | 83226 |
| 5. Organized Under the Laws of: ID W 68883 | | 6. Annual Report must be signed.* Signature: Joni D Cain Name (type or print): Joni D Cain Date: 11/05/2014 Title: Co-Owner | | | |
| Processed 11/05/2014 | | * Electronically provided signatures are accepted as original signatures. | | | |