No. **C 143636**	**Due no later than Apr 30, 2016** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** HIGH PEAKS HEALTH AND FITNESS, INC. LOUIS J PARRI PO BOX 129 DRIGGS ID 83442-0129	LOUIS J PARRI 5000S 2333E VICTOR ID 83455 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	LOUIS J. PARRI	PO BOX 129	DRIGGS	ID	USA	83422
SECRETARY	JUDY M. BAUMGARDNER	PO BOX 129	DRIGGS	ID	USA	83422

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 143636**	Signature: Louis J Parri	Date: 03/12/2016
	Name (type or print): Louis J Parri	Title: President

Processed 03/12/2016

* Electronically provided signatures are accepted as original signatures.