REINSTATEMENT FEE DUE: \$30.00 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Office Held Name Street or PO Address City State Country Postal of TWIN Hours, JD 1/4 TWIN Hours, JD 1/4 TWIN Hours TWIN TWIN TWIN Hours TWIN THE:			
RETURN TO: 1. Mailing Address: Correct in this box if needed. SIGNATURE FITNESS OF TWIN FALLS, INC. TRAVIS KLUNDT 137 WOODRIDGE DR. TWIN FALLS ID 83301 3. New Registered Agent Signature POBOX 83720-0080 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Office Held Rame Street or PO Address City State Country Postal of TWIN FALLS ID 8340 FREINSTATEMENT FEE DUE: \$30.00 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Office Held Rame Street or PO Address City State Country Postal of TWIN FALLS ID BYA TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 3. New Registered Agent Signature TWIN FALLS ID 83301 137 WOODRIDGE DR TWIN FALLS ID 83301 137 WOODRIDGE DR TWIN FALLS ID 83301 138 WOODRIDGE DR T		l	(NOT A P.O. BOX)
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Office Held Name Street or PO Address City State Country Postal GREETERM TRANS			3. New Registered Agent Signature.
IDAHO C 151984 Signature: Name (type or print): Title:	Office Held	Name Street or PO Address City TRANS LUNEDT 137 WOODERD TW	GRE Hours , ID 1544 , 8330 /
TRANS KINDS	IDAHO	Signature.	4/21/15

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM