No. **W 58542**	**Due no later than Jan 31, 2018** **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.** FIT BEGINNINGS, L.L.C. TAMARA L MOORE 1500 MOUNTAIN SHADOW DR POCATELLO ID 83204 USA	TAMARA L MOORE 1500 MOUNTAIN SHADOW DR POCATELLO ID 83204-8320 3. New 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	TRACY L MOORE	1500 MOUNTAIN SHADOW DR	POCATELLO	ID		83204
MANAGER	TAMARA L MOORE	1500 MOUNTAIN SHADOW DR	POCATELLO	ID	USA	83204

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 58542**	Signature: Tracy Moore	Date: 12/28/2017
	Name (type or print): Tracy Moore	Title: Manager

Processed 12/28/2017

* Electronically provided signatures are accepted as original signatures.