

|  |                |   |        |   |         |                  |  |
|--|----------------|---|--------|---|---------|------------------|--|
| No. <b>W 178434</b>  |                | <b>Due no later than Feb 28, 2018</b>   |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>MCCALL PILATES LLC<br>LISA MARIE GLODOWSKI<br>PO BOX 4347<br>MCCALL ID 83638 |        | LISA MARIE GLODOWSKI<br>505 N 1ST ST<br>MCCALL ID 83638 |         |                  |  |
|  |                |   |        | 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  | LISA GLODOWSKI | 505 N 1ST ST  | MCCALL | ID  | USA     | 83638            |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |        |   |         |                  |  |
| <b>ID<br/>W 178434</b>   |                | Signature: LISA GLODOWSKI   |        |   |         | Date: 04/09/2018 |  |
|  |                | Name (type or print): LISA GLODOWSKI  |        |   |         | Title: PRESIDENT |  |
| Processed 04/09/2018   |                | * Electronically provided signatures are accepted as original signatures.   |        |   |         |                  |  |