| No. W 147659 | | Due no later than Feb 29, 2016 | | ; | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------|--|--------------------------------------|-----------------|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | SHANNON MORLOCK | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. FIERCE GROUP FITNESS LLC. SHANNON MORLOCK 3527 6TH ST LEWISTON ID 83501 | | | 3527 6TH ST LEWISTON ID 83501 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | inies: Enter Nai | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER SHANNON MORLO | | 10RLOCK | 3527 6TH STREET | | LEWISTON | ID | USA | 83501 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Shannon Morlock | | | Date: 02/06/2016 | | | |
| W 147659 | | Name (type or print): Shannon Morlock | | | Title: Manager | | | |
| Processed 02/06/2016 * Electronically provided signatures are accepted as original | | | | | itures. | | | |