

No. <b>W 147826</b>		<b>Due no later than Feb 29, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> HEALTH FITNESS PRO PROGRAMS LLC N HANSEN P. O. BOX 140838 BOISE ID 83714 USA		N HANSEN 2999 LAKEHARBOR LN STE 202 BOISE ID 83703			
				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	
MEMBER	N D HANSEN	P. O. BOX 140838	BOISE	ID	USA	82714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 147826</b>		Signature: N. Hansen				Date: 12/22/2015	
		Name (type or print): N. Hansen				Title: member	
Processed 12/22/2015		* Electronically provided signatures are accepted as original signatures.					