No. <b>W 84183</b>	Due no later than May 31, 2013		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			TAMARA WALKER			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  APOGEE FITNESS SOLUTIONS, LLC TAMARA WALKER  4053 E ARBORVITAE CT BOISE ID 83716			4053 E ARBORVITAE CT BOISE ID 83716			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			BOISE ID				
			3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
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 TREVOR E	WALKER	4053 E ARBORVITAE CT	BOISE	ID	USA	83716	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: Tamara Walker			Date: 05/22/2013			
W 84183	Name (type or print): Tamara Walker			Title: Owner			
Processed 05/22/2013	* Electronically provided signatures are accepted as original signatures.						