REINSTATEMENT FILED EFFECTIVE

No. C 105556	Annual Report Form ADMIN DISSOLVED 06/04/2009	2. Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE	Mailing Address - Correct in this box, if applicable	ANNE AUDAIN 877 W MAIN ST STE 895 800	
450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	IDAHO WOMENS HEALTH AND FITNESS EDU 877 W MAIN ST STE 800 BOISE, ID 83702	BOISE, ID 83702	
FEE DUE \$30.00	·	3. New registered agent signature	
Limited Liability Companies: Enter	Business Addresses of President, Secretary and Directors Names and Addresses of management. erships: Enter names and addresses of at least two (2) partners Street or P.O. Address	City State Zip	
Vice Pres. Dennis Wri Secretary Judy Fulle Treasurer Fritz Eyma Director Booker Bro Director Laurie Bre	nn 3470 Scenic Dr wn P.O. Box 73	Evansville, IN 47715 Boise, ID 83709 Sheridian, WY 83703 Boise, ID 83703 Boise, ID 83706 Boise, ID 83707-2807 Boise, ID 83704-6909	
5. Organized under the laws of: IDAHO C 105556	6. Signature Name (Typed or Printed) Fritz Eymann	Date	
Issued 6/17/2009 by LJM			