

No. W 84183	Due no later than May 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. APOGEE FITNESS SOLUTIONS, LLC TAMARA WALKER 4053 E ARBORVITAE CT BOISE ID 83716 USA		TAMARA WALKER 4053 E ARBORVITAE CT BOISE ID 83716			
			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	TREVOR E WALKER	4053 E ARBORVITAE CT	BOISE	ID	USA	83716
5. Organized Under the Laws of: ID W 84183	6. Annual Report must be signed.* Signature: Tamara Walker Name (type or print): Tamara Walker		Date: 04/28/2011 Title: Owner/President			
Processed 04/28/2011		* Electronically provided signatures are accepted as original signatures.				