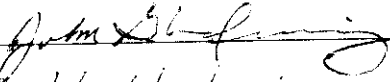
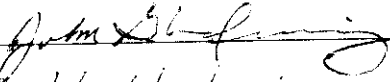
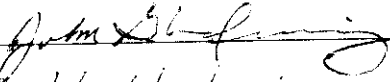


No. W 26746	Due no later than November 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX JOHN GLENDENNING 2509 IRONWOOD AVE TWIN FALLS, ID 83301																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable JEROME FITNESS, L L C. JOHN GLENDENNING 2509 IRONWOOD AVE TWIN FALLS, ID 83301		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>John Glendenning</td> <td>2509 Ironwood</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>member</td> <td>Conanula Glendenning</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member	John Glendenning	2509 Ironwood	Twin Falls	ID	83301	member	Conanula Glendenning				
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