No. **W 77503**	**Due no later than Sep 30, 2016** **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.** LEGEND CROSSFIT LLC CHEYENNE PIETRI PO BOX 845 MCCALL ID 83638	JOEY PIETRI 1069 NORTHVIEW DR MCCALL ID 83638 3. New 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	CHEYENNE PIETRI	PO BOX 2265 115 COMMERCE STREET SUITE A	MCCALL	ID	USA	83638

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 77503**	Signature: Cheyenne Pietri	Date: 08/02/2016
	Name (type or print): Cheyenne Pietri	Title: Co-Owner

Processed 08/02/2016

* Electronically provided signatures are accepted as original signatures.