

No. W 51936		Due no later than Jun 30, 2010		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		Annual Report Form		ALYSHA BETH OCLASSEN 503 N MAIN ST HAILEY ID 83333			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		PURE BODY PILATES, LLC ALYSHA BETH OCLASSEN PO BOX 1061 HAILEY ID 83333					
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	ALYSHA BETH OCLASSEN	PO BOX 1061	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 51936		Signature: Alysha Beth Oclassen			Date: 05/05/2010		
		Name (type or print): Alysha Beth Oclassen			Title: Owner/manager		
Processed 05/05/2010		* Electronically provided signatures are accepted as original signatures.					