





No. <b>W 56247</b>		<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/11/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MELISSA L HOLLISTER 2123 E. LOBELIA STREET MERIDIAN ID 83646 	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FITNESS FLAIR LLC MELISSA L HOLLISTER 2123 E. LOBELIA STREET MERIDIAN ID 83646 USA		3. New Registered Agent Signature. 	
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
<b>Manager or Member</b>		<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Melissa Hollister	2123 E. Lobelia St	Meridian Id	USA 83646
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Matt Hollister	2123 E. Lobelia St.	Meridian Id	USA 83646
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:  IDAHO W 56247		6. Signature:   Date: 8/20/2018 Name (type or print): Matt Hollister Melissa Hollister Title: Manager			
Issued 08/20/2018 by online					