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| No. W 139469 | Due no later than Jun 30, 2015 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. PRIME FITNESS, LLC STEPHANIE CASTRO 3003 E OHIO AVE NAMPA ID 83686 | STEPHANIE CASTRO 3003 E OHIO AVE NAMPA ID 83686 | |
| | | 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 | STEPHANIE CASTRO | 3003 E OHIO AVE | NAMPA ID USA 83686 |
| 5. Organized Under the Laws of: ID W 139469 | 6. Annual Report must be signed.* Signature: Stephanie Castro Name (type or print): Stephanie Castro | | Date: 06/10/2015 Title: Owner |
| Processed 06/10/2015 | | * Electronically provided signatures are accepted as original signatures. | |