No. W 173016	Due no later than Oct 31, 2018	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	CHELSEA C STEVENS 1300 W EAGLE AVE NAMPA ID 83686-8368 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ZIPFIT WELLNESS, LLC TODD BAILEY 2007 W. SILVER CREEK DR. NAMPA ID 83686				
NO FILING FEE IF RECEIVED BY DUE DATE	USA				
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MANAGER TODD BAILEY 2007 W. SILVER CREEK DR.		NAMPA	ID	USA	83686
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Todd Bailey	Date: 08/21/2018			
W 173016	Name (type or print): Todd Bailey	Title: Manager			
Processed 08/21/2018	* Electronically provided signatures are accepted as original signatures.				