

|                                                                                                                                                        |          |                                                                                                                                             |           |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 113440</b>                                                                                                                                    |          | <b>Due no later than Apr 30, 2016</b>                                                                                                       |           | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |          | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>U & I FITNESS CLUBS, LLC<br>ED SNELL<br>1015 E YOUNG<br>POCATELLO ID 83201 |           | ED SNELL<br>1015 E YOUNG<br>POCATELLO ID 83201     |         |                  |  |
|                                                                                                                                                        |          |                                                                                                                                             |           | 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                                                                                                                                                | ED SNELL | 1015 E YOUNG ST                                                                                                                             | POCATELLO | ID                                                 | USA     | 83201            |  |
| 5. Organized Under the Laws of:                                                                                                                        |          | 6. Annual Report must be signed.*                                                                                                           |           |                                                    |         |                  |  |
| <b>ID<br/>W 113440</b>                                                                                                                                 |          | Signature: Ed Snell                                                                                                                         |           |                                                    |         | Date: 03/16/2016 |  |
|                                                                                                                                                        |          | Name (type or print): Ed Snell                                                                                                              |           |                                                    |         | Title: Manager   |  |
| Processed 03/16/2016                                                                                                                                   |          | * Electronically provided signatures are accepted as original signatures.                                                                   |           |                                                    |         |                  |  |