

No. <b>W 17755</b>		<b>Due no later than Jan 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  HEALTH-FIT DESIGNS, LLC CHRISTOPHER E. VELOZ 3828 E FLAMINGO AVE NAMPA ID 83687 USA		CHRISTOPHER VELOZ 3828 E FLAMINGO AVE NAMPA 83687			
				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	
MEMBER	JOCABED C. VELOZ	8152 E. JACOB DR.	NAMPA	ID	USA	83687	
MEMBER	CHRISTOPHER E VELOZ	8152 E. JACOB DR.	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:  <b>ID W 17755</b>		6. Annual Report must be signed.* Signature: Christopher E. Veloz Name (type or print): Christopher E. Veloz Date: 01/11/2015 Title: Member Manager					
Processed 01/11/2015		* Electronically provided signatures are accepted as original signatures.					