No. W 122423		Due no later than Feb 28, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form SHAWN BURKE					
SECRETARY OF STATE	1. Mailin	1. Mailing Address: Correct in this box if needed. 1950 W BELLERIVE LN COEUR D ALENE ID 83814					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SHAWN B	FOUNDATION FITNESS LLC SHAWN BURKE 1950 W BELLERIVE LN. STE 106		COLON D'ALLINE ID 03017			
	COEUR D A	ALENE ID 83814	3. <u>New</u> Registered	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 VERONI	CA BURKE	1950 W BELLERIVE	COEUR D ALENE	ID	USA	83814	
5. Organized Under the Laws of:	6. Annual Re	6. Annual Report must be signed.*					
по	Signature:	Signature: shawn Burke		Date: 03/28/2017			
W 122423	Name (typ	Name (type or print): shawn Burke Title: CEO					
Processed 03/28/2017	* Electronically provided signatures are accepted as original signatures.						