

No. W 34708		Due no later than Nov 30, 2005		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		Annual Report Form		CRAIG RENCHER 1881 POLE LINE RD TWIN FALLS ID 83301 0000	
		1. Mailing Address: Correct in this box if needed. TWIN FALLS FITNESS CENTER, LLC CONNIE J RENCHER 1148 HARMONY TWIN FALLS ID 83301 0000		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	CRAIG RENCHER	1148 HARMONY	TWIN FALLS	ID	83301
MANAGER	CONNIE RENCHER	1148 HARMONY	TWIN FALLS	ID	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
IDAHO W 34708		Signature: CONNIE RENCHER		Date: 11/30/2005	
		Name (type or print): CONNIE RENCHER		Title: MANAGER	
Processed 11/30/2005		* Electronically provided signatures are accepted as original signatures.			