


<b>No. W 118423</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 01/16/2014</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> WILLIAM C ADE 6880 W COLEHAVEN LN BOISE ID 83704
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> FIT 4 LIFE L.L.C. WILLIAM C ADE 6880 W COLEHAVEN LN BOISE ID 83704		<b>3. <u>New</u> Registered Agent Signature.</b>

**4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	William C ADE	6880 W. Colehaven Ln	Boise	ID		83704
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">             IDAHO              W 118423           </div>	<b>6.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Signature:             Name (type or print): _____         </div> <div style="width: 35%;">           Date: <u>2-3-14</u>            Title: _____         </div> </div>
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Issued 02/03/2014 by CLH

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM