

|                                                                                                                                                        |                 |                                                                                                                                                                               |       |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------|---------|-------------|--|
| No. <b>W 105702</b>                                                                                                                                    |                 | Due no later than Aug 31, 2016<br><b>Annual Report Form</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>DSSC DAN SCHILLING STRENGTH & CONDITIONING LLC<br>DAN SCHILLING<br>3060 S CHARTWELL GDN<br>AMMON ID 83406<br>USA |       | DAN SCHILLING<br>3060 S CHARTWELL GDN<br>AMMON ID 83406 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                               |       | 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                                                                                                                                                | DAN J SCHILLING | 3060 S CHARTWELL GDN                                                                                                                                                          | AMMON | ID                                                      | USA     | 83406       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 105702</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Dan Schilling<br>Name (type or print): Dan Schilling<br>Date: 06/28/2016<br>Title: Manager                                    |       |                                                         |         |             |  |
| Processed 06/28/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                     |       |                                                         |         |             |  |