

|                                                                                                                                                        |                     |                                                                                                                                                                                              |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 75761</b>                                                                                                                                     |                     | <b>Due no later than Jul 31, 2017</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>RIVER CITY RACQUET & FITNESS CLUB LLC<br>JANET LUELLA WILSON<br>1805 CHECOLA<br>NAMPA ID 83686 |       | JANET WILSON<br>1805 CHECOLA<br>NAMPA ID 83686     |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                                                              |       | 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                                                                                                                                                 | JANET LUELLA WILSON | 1805 CHECOLA                                                                                                                                                                                 | NAMPA | ID                                                 | USA     | 83686       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 75761</b>                                                                                           |                     | 6. Annual Report must be signed.*<br>Signature: Janet Wilson<br>Name (type or print): Janet Wilson<br>Date: 07/30/2017<br>Title: Owner                                                       |       |                                                    |         |             |  |
| Processed 07/30/2017                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                                                    |       |                                                    |         |             |  |