| No. <b>W 170121</b>  |                | Due  | 2. Registered A                    | 2. Registered Agent and Address (NO PO BOX) |   |         |             |  |
|--|----------------|--|------------------------------------|---|---|---------|-------------|--|
| Return to:   |                | Annual Report Form   |                                    | OZIE OSCA                                   | OZIE OSCAR DUNCAN II<br>1030 W OLDS RIVER DR<br>MERIDIAN ID 83642 |         |             |  |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                | 1. Mailing Address: Correct in this box if needed.  INNER ATHLETE PERFORMANCE CENTER LLC OZIE OSCAR DUNCAN II 1030 W OLDS RIVER DR MERIDIAN ID 83642 |                                    |   |   |         |             |  |
|  |                |  |                                    |   |   |         |             |  |
|  |                |  |                                    | 3. New Registe                              | 3. New Registered Agent Signature:*                               |         |             |  |
|  |                |  |                                    |   |   |         |             |  |
| 4. Limited Liability Compa   | nies: Enter Na | mes and Addresses  | of at least one Member or Manager. |   |   |         |             |  |
| Office Held  | Name           |  | Street or PO Address               | City  | State   | Country | Postal Code |  |
| MEMBER NICOLE S D  |                | DUNCAN   | 1030 W. OLDS RIVER DR              | MERIDIAN                                    | ID  | USA     | 83642       |  |
| MEMBER OZIE OSCAR  |                | R DUNCAN II  | 1030 W. OLDS RIVER DR              | MERIDIAN                                    | ID  | USA     | 83642       |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*  |                                    |   |   |         |             |  |
| ID<br>W 170121   |                | Signature: Ozie  |                                    | Date: 07/05/2017                            |   |         |             |  |
|  |                | Name (type or p  |                                    | Title: Member                               |   |         |             |  |
| Processed 07/05/2017   |                | * Electronically provided signatures are accepted as original signatures.  |                                    |   |   |         |             |  |