No. W 118466	Due no later than Oct 31, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		to businesson travel or committee	CORPORATION SERVICE CO			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. "PACK" CROSSFIT TWIN FALLS LLC ("THE") KRISTIN LEE CLEPPER 2346 ELDRIDGE AVE			12550 W EXPLORER DR STE 100 BOISE ID 83713			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			BOISE ID 83				
	TWIN FALLS ID 83301		3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 HENRY JASPER CLEPPER 2346 EL		2346 ELDRIDGE AVE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:	Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Kristin Clepper			Date: 09/05/2018			
W 118466	Name (type or print): Kristin Clepper			Title: Owner			
Processed 09/05/2018	* Electronically provided signatures are accepted as original signatures.						