

No. <b>W 85837</b>	<b>Due no later than Jul 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> SPIRAL HEALTH & FITNESS, LLC MARNI M HENDERSON 5827 S ACHERON AVE BOISE ID 83709		MARNI M HENDERSON 5827 S ACHERON AVE BOISE ID 83709			
			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	MARNI M HENDERSON	5827 S. ACHERON AVE	BOISE	ID	USA	83709
5. Organized Under the Laws of:  <b>ID</b> <b>W 85837</b>	6. Annual Report must be signed.* Signature: Marni Henderson Name (type or print): Marni Henderson		Date: 07/30/2010 Title: Manager			
Processed 07/30/2010		* Electronically provided signatures are accepted as original signatures.				