

No. W 107849		Due no later than Oct 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SONJA COLEMAN FITNESS, LLC SONJA COLEMAN PO BOX 4721 HAILEY ID 83333		SONJA COLEMAN 1010 FOXMOOR DRIVE HAILEY ID 83333			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SONJA COLEMAN	Street or PO Address 1010 FOXMOOR DR.		City HAILEY	State ID	Country USA	Postal Code 83333
5. Organized Under the Laws of: ID W 107849		6. Annual Report must be signed.* Signature: Sonja Coleman Name (type or print): Sonja Coleman Date: 09/03/2015 Title: Owner					
Processed 09/03/2015 * Electronically provided signatures are accepted as original signatures.							