

No. W 67233

Due no later than October 31, 2008  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

KIMBERLY FITNESS CENTER, LLC  
430 CENTER ST E  
KIMBERLY, ID 83341

ROBIN SMITH  
430 CENTER ST E  
KIMBERLY, ID 83341

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

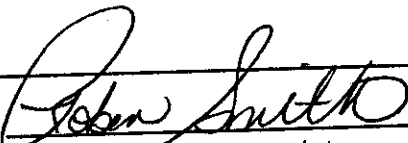
4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
manager	Jason Smith	430 Center St E	Kimberly	Id	83341

5. Organized Under the Laws of:  
IDAHO  
W 67233

6.

Signature



Date

Aug 15 2008

Name

(Typed or  
Printed)

Robin Smith

Title

Owner/manager

Issued 08/06/2008

Do Not Tape or Staple

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