No. W 73878 Return to: SECRETARY OF STATE	Due no later than May 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. 2. Registered Agent and Address (NO P DEFREY LEMMON 1018 E MONTANA AVE COFUR D'ALENE ID 83814				PO BOX)
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PARKSIDE FITNESS LLC KARA A LEMMON 601 FRONT AVE STE 202 COEUR D ALENE ID 83814	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					
200 82 0	mes and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MANAGER KARA LEMM		COEUR D'ALENE	ID	USA	83814
MANAGER JEF LEMMO	N 1018 E MONTANA AVE	COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Kara Lemmon	Date: 06/12/2013			
W 73878	Name (type or print): Kara Lemmon	Title: Owner			
Processed 06/12/2013	* Electronically provided signatures are accepted as original signatures.				