

No. <b>W 34708</b>	<b>Due no later than November 30, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Office <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>	1. Mailing Address - Correct in this box, if applicable  TWIN FALLS FITNESS CENTER, LLC CONNIE J RENCHER 1148 HARMONY TWIN FALLS, ID 83301		CRAIG RENCHER 1881 POLE LINE RD TWIN FALLS, ID 83301  3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Owner</td> <td>Craig Rencher</td> <td>1148 Harmony Rd</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Manager</td> <td>Connie Rencher</td> <td>1148 Harmony Rd</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Owner	Craig Rencher	1148 Harmony Rd	Twin Falls	ID	83301	Manager	Connie Rencher	1148 Harmony Rd	Twin Falls	ID	83301
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5. Organized Under the Laws of:  IDAHO W 34708	6. Signature <u>Connie Rencher</u> Date <u>9/22/06</u> Name (Typed or Printed) <u>Connie J Rencher</u> Title <u>owner/manager</u>																				

Issued 09/01/2006

Do Not Tape or Staple

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