No. W 85837	D	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if needed. SPIRAL HEALTH & FITNESS, LLC MARNI M HENDERSON 6393 S. RED SHINE WAY BOISE ID 83709		MARNI M HENDERSON 6393 S. RED SHINE WAY BOISE ID 83709 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresse						
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MARNI M H	IENDERSON	6393 S. RED SHINE WAY	BOISE	ID	USA	83709	
5. Organized Under the Laws of:	Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Ma	arni Henderson	Date: 05/24/2017				
W 85837	Name (type o	r print): Marni Henderson		Title: Manager			
Processed 05/24/2017	* Electronically provided signatures are accepted as original signatures.						