No. W 77503		I - I		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. LEGEND CROSSFIT LLC CHEYENNE PIETRI PO BOX 2265 MCCALL ID 83638		JOEY PIETRI 1069 NORTHVIEW DR MCCALL ID 83638 3. New Registered Agent Signature:*			
4. Limited Liability Comp	anies: Enter Na	mes and Addresses of at	least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER CHEYENNE PIETRI		PO BOX 2265 325 COMMERCE STREET	MCCALL	ID	USA	83638	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 77503		Signature: Cheyenne Pietri Date: 08/02/2010			3/02/2010		
		Name (type or print):	Title: Co-Owner				
Processed 08/02/2010	-	* Electronically provided signatures are accepted as original signatures.					