No. <b>W 102930</b> Return to:		Due no later than Apr 30, 2015  Annual Report Form			2. Registered Agent and Address (NO PO BOX) SHAWN FERNANDEZ			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  HIGH INTENSITY TRAINING SUPPLEMENTS, LLC SHAWN FERNANDEZ 16070 N ELDER RD NAMPA ID 83687		STAR 8	24585 CAN ADA RD STAR 83669 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	anies: Enter Nar	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	SHAWN FERNANDEZ		24585 CAN ADA RD	STAR	ID	USA	83669	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kelly Duren		Date: 02/1	Date: 02/18/2015			
W 102930		Name (type or print): Kelly Duren		Title: Dire	Title: Director of Operations			
Processed 02/18/2015 * Electronically provided signatures are accepted as original signatures.								