

No. W 67233		Due no later than Oct 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. KIMBERLY FITNESS CENTER, LLC ROBIN R SMITH 430 CENTER ST E KIMBERLY ID 83341 USA		ROBIN SMITH 430 CENTER ST E KIMBERLY ID 83341			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	ROBIN SMITH	430 CENTER ST E	KIMBERLY	ID	USA	83341	
MEMBER	JASON SMITH	430 CENTER ST E	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of: ID W 67233		6. Annual Report must be signed.* Signature: Robin Smith Name (type or print): Robin Smith					
		Date: 08/09/2011 Title: Owner					
Processed 08/09/2011		* Electronically provided signatures are accepted as original signatures.					