

No. W 102930	Due no later than Apr 30, 2014 Annual Report Form		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. HIGH INTENSITY TRAINING SUPPLEMENTS, LLC SHAWN FERNANDEZ PO BOX 585 STAR ID 83669 USA		SHAWN FERNANDEZ 24585 CAN ADA RD STAR ID 83669			
			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
MANAGER	SHAWN FERNANDEZ	24585 CAN ADA RD	STAR	ID	USA	83669
5. Organized Under the Laws of: ID W 102930	6. Annual Report must be signed.* Signature: Shawn Fernandez Name (type or print): Shawn Fernandez		Date: 03/11/2014 Title: Manager			
Processed 03/11/2014		* Electronically provided signatures are accepted as original signatures.				