

No. W 159011		Due no later than Nov 30, 2016 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		1. Mailing Address: Correct in this box if needed. YOUR FIT FORK, LLC APRIL BRUNS 3023 HIGHLAWN DR TWIN FALLS ID 83301		APRIL BURNS 3023 HIGHLAWN DR TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name STEPHEN BRUNS	Street or PO Address 3023 HIGHLAWN DRIVE		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of: ID W 159011		6. Annual Report must be signed.* Signature: APRIL BRUNS Name (type or print): APRIL BRUNS Date: 10/03/2016 Title: REGISTERED DIETITIAN					
Processed 10/03/2016 * Electronically provided signatures are accepted as original signatures.							