


No. W 73878	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) JEFFREY LEMMON 1018 E MONTANA AVE COEUR D'ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PARKSIDE FITNESS LLC KARA A LEMMON 601 FRONT AVE STE 202 COEUR D ALENE ID 83814		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Kara Lemmon 1018 Montana Ave Coeur d'Alene ID US 83814			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Jeff Lemmon 1018 Montana Ave Coeur d'Alene ID US 83814			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 73878 </div>		6. Signature:  <hr/> Name (type or print): Kara Lemmon	
		Date: <u>8/29/12</u> <hr/> Title: <u>Owner/Manager</u>	

Issued 08/23/2012 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM