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|--|----------------|---|-----------|--|---------|-------------|--|
| No. W 155277 | | Due no later than Aug 31, 2016 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. GP FITNESS OF TWIN FALLS, LLC GARALD E PRICE 2058 OVERLAND AVE BURLEY ID 83318 | | GARALD E PRICE 2058 OVERLAND AVE BURLEY ID 83318 | | | |
| | | | | 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 | GARALD E PRICE | 2058 OVERLAND AVE | BURLEY | ID | USA | 83318 | |
| MEMBER | KORY J PRICE | 363 APPALOOSA | POCATELLO | ID | USA | 83201 | |
| MEMBER | LEANNE K PRICE | 2058 OVERLAND AVE | BURLEY | ID | USA | 83318 | |
| 5. Organized Under the Laws of: ID W 155277 | | 6. Annual Report must be signed.* Signature: Erika Guzman Name (type or print): Erika Guzman Date: 06/21/2016 Title: Receptionist | | | | | |
| Processed 06/21/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |