

No. W 107915	Due no later than Oct 31, 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. SNAKE RIVER CROSS FIT LLC EARL W REED 4154 N MEADOW RIDGE CR TWIN FALLS ID 83301		EARL W REED 4154 N MEADOW RIDGE CR TWIN FALLS ID 83301			
			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	EARL W REED	4154 N. MEADOW RIDGE CR.	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 107915	6. Annual Report must be signed.* Signature: Earl W. Reed Name (type or print): Earl W. Reed		Date: 09/28/2014 Title: Managing Member			
Processed 09/28/2014		* Electronically provided signatures are accepted as original signatures.				