

No. W 105229		Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016		2. Registered Agent and Office (NOT A P.O. BOX)	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EVERHEALTHY FITNESS LLC JOSHUA GALVAN 737 N RALSTIN ST MERIDIAN ID 83642		JOSHUA GALVAN 737 N RALSTIN MERIDIAN ID 83642	
REINSTATEMENT FEE DUE: \$30.00		10891 Pixie St Nampa ID 83687		3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Joshua Galvan	10891 Pixie St	Nampa	ID	83687
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.			
IDAHO W 105229		Signature:		Date: 4-12-17	
		Name (type or print): Joshua R Galvan		Title: Manager	

Issued 04/12/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM