


No. <b>W 105229</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/15/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JOSHUA GALVAN 737 N RALSTIN MERIDIAN ID 83642																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> EVERHEALTHY FITNESS LLC JOSHUA GALVAN <del>737 N RALSTIN ST</del> <b>10891 Pixie St</b> <b>Nampa ID</b> <b>83687</b> MERIDIAN ID 83642		3. <u>New</u> Registered Agent Signature.																												
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																															
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																					
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5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 105229</b> </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           Signature:    <hr/>           Name (type or print):  <b>Joshua R Galvan</b> </div> <div style="text-align: right;">           Date: <b>4-17-17</b>  <hr/>           Title:  <b>Manager</b> </div> </div>																													
Issued 04/12/2017 by online																															

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM