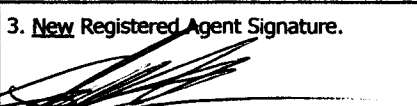



No. W 120721	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TETON CROSSFIT, LLC 453 REED ST REXBURG ID 83440		JENNICA HIRRLINGER 275 STATIONERY RD REXBURG ID 83440 1272 N. Yellowstone Hwy Rexburg ID 83440 3. <u>New</u> Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>TYLER MARTIN</td> <td>1272 N. YELLOWSTONE HWY,</td> <td>REXBURG,</td> <td>IDAHO,</td> <td>MADISON,</td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>TRENT SHAW</td> <td>1272 N. YELLOWSTONE HWY,</td> <td>REXBURG,</td> <td>IDAHO,</td> <td>MADISON,</td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	TYLER MARTIN	1272 N. YELLOWSTONE HWY,	REXBURG,	IDAHO,	MADISON,	83440	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	TRENT SHAW	1272 N. YELLOWSTONE HWY,	REXBURG,	IDAHO,	MADISON,	83440	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 120721		6. Signature:  Date: 7/5/16 Name (type or print): TYLER MARTIN Title: MANAGER																																				

Issued 07/06/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM