No. <b>W 121148</b>			Due no later than Jan 31, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			ROGER MILLER				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		FRONTLINE CHANDA L 4290 W RI	1. Mailing Address: Correct in this box if needed. FRONTLINE FITNESS LLC CHANDA LARSEN 4290 W RIVERBEND AVE POST FALLS ID 83854		414 W SELTICE WAY #A POST FALLS ID 83854  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Compa	nies: Enter N	Names and Addre	esses of at least one Member or Manager.						
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
MEMBER	4BER CHANDA LA		921 W RIVERBEND AVE		POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:		6. Annual Re	6. Annual Report must be signed.*						
ID		Signature:	Signature: Chanda Larsen			Date: 01/31/2017			
W 121148		Name (typ	Name (type or print): Chanda Larsen			Title: Owner			
Processed 01/31/2017 * Electronically provided signatures are accepted as original signatures.									