

No. <b>W 156002</b>	<b>Due no later than Sep 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ELEVATION FLOATING FITNESS STUDIO LLC ALYSON NATONI 2636 LEGENDS CIRCLE IDAHO FALLS ID 83404		ALYSON NATONI 2636 LEGENDS CIRCLE IDAHO FALLS ID 83404			
			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
MANAGER	ALYSON CAROL NATONI	2636 LEGENDS CIRCLE	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:  <b>ID W 156002</b>	6. Annual Report must be signed.* Signature: alyson natoni Name (type or print): alyson natoni		Date: 11/17/2016 Title: manager			
Processed 11/17/2016		* Electronically provided signatures are accepted as original signatures.				