No. **W 117906**	**Due no later than Oct 31, 2016** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** BODY BALANCE PROFESSIONALS LLC THOMAS KEITH STRICKLAND II 4561 E JOHN ADAMS PARKWAY IDAHO FALLS ID 83406	THOMAS STRICKLAND 1750 S. RIMLINE DR. IDAHO FALLS ID 83401-8340 3. New 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
MEMBER	THOMAS KEITH STRICKLAND	1750 S. RIMLINE DR.	IDAHO FALLS	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 117906**	Signature: Thomas Strickland	Date: 11/19/2016
	Name (type or print): Thomas Strickland	Title: Member

Processed 11/19/2016

* Electronically provided signatures are accepted as original signatures.