

No. W 97804	Due no later than Nov 30, 2015 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. FITNESS - TECH, LLC GABE P MCCLARAN 6022 S SNOWSHOE AVE BOISE ID 83709		GABRIEL P MCCLARAN 6022 S SNOWSHOE BOISE ID 83709			
			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
MEMBER	GABE P MCCLARAN	6022 S SNOWSHOE AVE	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID W 97804	6. Annual Report must be signed.* Signature: Gabriel P McClaran Name (type or print): Gabriel P McClaran		Date: 09/28/2015 Title: Owner/ Operator			
Processed 09/28/2015		* Electronically provided signatures are accepted as original signatures.				