





## STATE OF IDAHO

Office of the secretary of state, Phil McGrane
ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 For Office Use Only

-FILED-

File #: 0005225165

Date Filed: 5/5/2023 11:39:32 AM

| Entity Name and Mailing Address:  |                               |         |  |            |  |
|---|-------------------------------|---------|--|------------|--|
| Entity Name:  |                               |         | VR FITNESS INSIDER, LLC                  |            |  |
| The file number of this entity on the records of the Idaho Secretary of State is: |                               |         | 0000511372                               |            |  |
| Address   |                               |         | 930 W TWO RIVERS LN                      |            |  |
|   |                               |         | EAGLE, ID 83616-7127                     |            |  |
| Entity Details:   |                               |         |  |            |  |
| Entity Status   |                               |         | Active-Existing                          |            |  |
| This entity is organized under the laws of:                                       |                               |         | IDAHO                                    |            |  |
| If applicable, the old file number of the Idaho Secretary of State was:           |                               | ords of | W168682                                  |            |  |
| The registered agent on record is:  |                               |         |  |            |  |
| Registered Agent  |                               |         | RYAN DELUCA                              |            |  |
|   |                               |         | Registered Agent                         |            |  |
|   |                               |         | Physical Address                         |            |  |
|   |                               |         | 930 W TWO RIVERS LANE<br>EAGLE, ID 83616 |            |  |
|   |                               |         | Mailing Address                          |            |  |
|   |                               |         | Walling Address                          |            |  |
| Agent or Address Change   |                               |         |  |            |  |
| Select if you are appointing a  | new agent.                    |         |  |            |  |
| Limited Liability Company Managers and Me   | embers                        |         |  |            |  |
| Name  | Title                         |         | Business A                               | ddress     |  |
| Ryan DeLuca   | Manager                       |         | W. TWO RIVERS LN.<br>GLE, ID 83616       |            |  |
|   |                               |         |  |            |  |
| The annual report must be signed by an aut  | horized signer of the entity. |         |  |            |  |
| Job Title: Manager  |                               |         |  |            |  |
|   |                               |         |  | 25/25/222  |  |
| Ryan DeLuca   |                               |         |  | 05/05/2023 |  |
| Sign Here   |                               |         |  | Date       |  |