

342 0006

Receipt Number: 1482798

File Number **DL009984**



ARTICLES_OF_ORGANIZATION

For

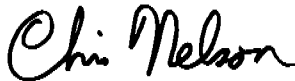
STARR FITNESS LLC

Filed at the request of:

**JEFF BURNS
CHURCHILL MANOLIS FREEMAN
PO BOX 176
HURON SD 57350**

*State of South Dakota
Office of the Secretary of State*

Filed in the office of the Secretary of State on: **Wednesday, October 12, 2005**

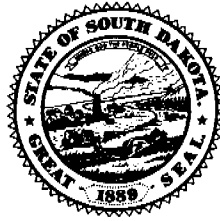


Secretary of State

Fee Received: \$125.00

342 0007 10/13/2005
All Rights Reserved

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

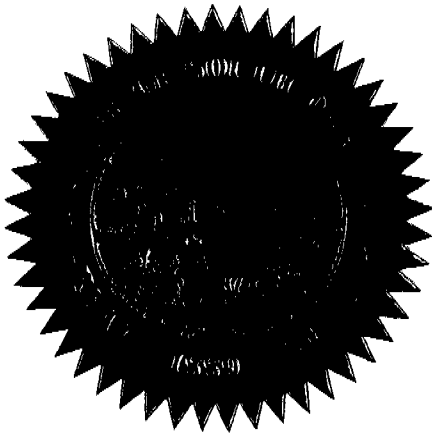
Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL009984

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **STARR FITNESS LLC** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Organization and attach hereto a duplicate of the Articles of Organization.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this October 12, 2005.



Chris Nelson
Chris Nelson
Secretary of State

342 0008

Filed this 12th day of Oct 2005
Chris Nelson
SECRETARY OF STATE

RECEIVED

OCT 12 '05

S.D. SEC. OF STATE

**ARTICLES OF ORGANIZATION
OF
STARR FITNESS LLC**

I, the undersigned person, who shall be a Member upon the issuance of a certificate of organization with the Secretary of State, acting as **ORGANIZER** of a Limited Liability Company under the South Dakota Limited Liability Act, do hereby adopt the following Articles of Organization for such Limited Liability Company.

ARTICLE ONE

The name of the Limited Liability Company is **STARR FITNESS LLC** (the "Company").

ARTICLE TWO

The period of duration of this Limited Liability Company is perpetual.

ARTICLE THREE

The purpose for which the Limited Liability Company is organized is to own, operate and manage a fitness facility or any lawful act or activity for which limited liability companies may be formed under the South Dakota Limited Liability Act and to engage in any and all activities necessary or incidental to these acts.

ARTICLE FOUR

The Limited Liability Company shall also have those powers provided for in the South Dakota Limited Liability Company Act.

ARTICLE FIVE

The initial contribution to the Limited Liability Company shall be in the sum of One Thousand Dollars (\$1,000.00).

029984

ARTICLE SIX

Additional contributions shall be made at such times and at such amounts as may be unanimously agreed by the members as provided for in the Operating Agreement of the Limited Liability Company.

ARTICLE SEVEN

Additional members may be admitted to the Limited Liability Company at such times and on such terms and condition as provided for in the Operating Agreement of the Limited Liability Company.

ARTICLE EIGHT

The remaining members of the Limited Liability Company may continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company upon unanimous agreement and as provided for in the Operating Agreement of the Limited Liability Company.

ARTICLE NINE

The Limited Liability Company shall be managed by its members.

ARTICLE TEN

The street address of the initial registered and designated office of the Limited Liability Company is 110 - 3rd Street SW, Suite 107, Huron South Dakota 57350. The name of the initial registered agent is Marla Starr.

ARTICLE ELEVEN

The names and addresses of the **ORGANIZERS** are:

342 0010 10/13/2005

Marla Starr
110 - 3rd Street SW, Suite 107
Huron South Dakota 57350

ARTICLE TWELVE

The Operating Agreement will be adopted by unanimous consent of the Members. The power to alter, amend or repeal the Operating Agreement or adopt a new Operating Agreement is vested in the Members by unanimous consent of the Members.

ARTICLE THIRTEEN

To the full extent permitted by South Dakota law, no manager or member of the Limited Liability Company shall be liable to the Limited Liability Company or its members for monetary damages for an act or omission in such manager's or member's capacity as a manager or member of the Limited Liability Company, except that this Article does not eliminate or limit the liability of a manager or member to the extent the manager or member is found liable for (a) a breach of the manager's or member's duty of loyalty to the company or its members; (b) an act or omission not in good faith that constitutes a breach of duty of the manager to the Company or an act or omission that involves intentional misconduct or a knowing violation of the law; (c) a transaction from which the manager or member received an improper benefit whether or not the benefit resulted from an action taken within the scope of the manager's or member's office; or (d) an action or omission for which the liability of a manager or member is expressly provided by an applicable statute. Any repeal or amendment of this Article by the member of the Company shall be prospective only and shall not adversely affect any limitation on the liability of a manager or member of the Company existing at the time of such repeal or amendment. The foregoing elimination of the liability to the Limited Liability Company or its members for monetary

damages shall not be deemed exclusive of any other rights or limitations of liability or indemnity to which a manger or member may be entitled under any other provision of the Articles of Organization or the Operating Agreement of the Limited Liability Company, contract or agreement, vote of members and/or disinterested managers of the Limited Liability Company, or otherwise.

ARTICLE FOURTEEN

These Articles of Organization may be amended, modified, supplemented or re-stated in any manner permitted by applicable law and approved by an affirmative vote of a majority of the membership interest.

IN WITNESS WHEREOF, We have hereunto set our hands and seal this 7th day of October, 2005.

By: Marla Starr
Marla Starr - Organizer

STATE OF SOUTH DAKOTA)

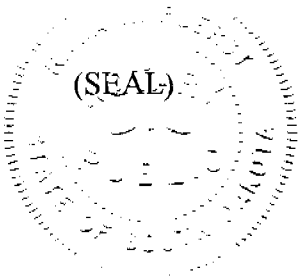
:ss

COUNTY OF BEADLE)

On this the 7th day of October, 2005, before me, the undersigned officer, personally appeared **Marla Starr**, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same for the purposes therein contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

Lama Kuerst
Notary Public
My commission expires: 3/10/2011



CONSENT TO APPOINTMENT BY REGISTERED AGENT

I, Marla Starr, hereby give my consent to serve as the registered agent for **STARR FITNESS, LLC.**

Dated this 7th day of October, 2005.



Marla Starr

256 1392 12/18/2006

2006

ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 11/30/06
RECEIPT NO. 7622907

RECEIVED

NOV 30 2006

S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent and Mailing Address:



DL009984 OCT/0000
STARR FITNESS LLC
STARR, MARLA
110 3RD STREET SW
SUITE 107
HURON SD 57350-2432

Telephone # 605-352-0691
FAX # 605-352-7613

FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The state or country under whose law it is organized is: South Dakota, USA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
110 3rd Str SW Suite 107
Huron, SD 57350 — Marla Starr

4. The address of its principal office is: 110 Third Str SW, Suite 107,
Huron SD 57350

5. The names and business addresses of any managers:
Marla Starr
110 Third Str SW Suite 107
Huron SD 57350

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 11-28-06

Marla Starr
Signature

Marla Starr
Printed Name

Owner — Member —
Title manager

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.sdsos.gov

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
605-773-4845

**LIMITED LIABILITY
STATEMENT OF CHANGE OF REGISTERED OFFICE,
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$10

The undersigned Limited Liability Company submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the limited liability company is _____

2. The previous address of its registered office _____

ZIP _____

3. The address to which the registered office is to be changed (including street address) is _____

ZIP _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

(Signature)

(Printed Name)

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(limited liability company name)

Dated _____ (signature)

269 1760 11/27/2007

2007

ANNUAL REPORT

FILE DATE 11/14/07
RECEIPT NO. 1732719

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

RECEIVED

NOV 14 2007

S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent and Mailing Address:



DL009984
DL009984 OCT/2006
STARR FITNESS LLC
STARR, MARLA
110 3RD STREET SW
SUITE 107
HURON SD 57350-2432

Telephone # 605-353-9952
FAX # 605-352-7613

FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
110 Third Str SW Suite 107
Huron SD 57350, Marla Starr

4. The address of its principal office is: 110 Third Str SW Suite 107
Huron SD 57350

5. The names and business addresses of any managers: N/A

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 11/10/07

Marla A. Starr
Signature

Marla A Starr
Printed Name

Owner
Title

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.sdsos.gov

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
605-773-4845

**LIMITED LIABILITY
STATEMENT OF CHANGE OF REGISTERED OFFICE,
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$10

The undersigned Limited Liability Company submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the limited liability company is _____

2. The previous address of its registered office _____

ZIP _____

3. The address to which the registered office is to be changed (including street address) is _____

ZIP _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

(Signature)

(Printed Name)

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(limited liability company name)

Dated _____

(signature)

2008

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

FILE DATE 11-26-08
RECEIPT NO. 1459410
RECEIVED
NOV 26 2008
S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent Name and Address:



DL009984
DL009984 OCT/2007
STARR FITNESS LLC
STARR, MARLA
110 3RD STREET SW
SUITE 107
HURON SD 57350-2432

Telephone # 605-352-0691
FAX # 605-352-763
FILING DATE: Due during the month
the Certificate of Organization was
issued, and delinquent after the last
day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

110 Third Str SW Suite 107 Huron SD 57350
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Marla Starr

110 Third Str SW Suite 107 Huron SD 57350
Street Address (Required to be a South Dakota Address) City State ZIP+4

Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

4. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 11-24-08

Marla Starr
(Signature of an Authorized Manager or Member)

Marla Starr
(Printed Name)

Owner
(Title)

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number: _____

4. The address of the agent currently on file for this entity

Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address) City State ZIP+4

Mailing Address (Optional – Required to be a South Dakota Address) City State ZIP+4

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

2008

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

FILE DATE 11-26-08
RECEIPT NO. 1459410
RECEIVED
NOV 26 2008
S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent Name and Address:



DL009984
DL009984 OCT/2007
STARR FITNESS LLC
STARR, MARLA
110 3RD STREET SW
SUITE 107
HURON SD 57350-2432

Telephone # 605-352-0691
FAX # 605-352-763
FILING DATE: Due during the month
the Certificate of Organization was
issued, and delinquent after the last
day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

110 Third Str SW Suite 107 Huron SD 57350
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Marla Starr

110 Third Str SW Suite 107 Huron SD 57350
Street Address (Required to be a South Dakota Address) City State ZIP+4

Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

4. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 11-24-08

Marla Starr
(Signature of an Authorized Manager or Member)

Marla Starr
(Printed Name)

Owner
(Title)

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number: _____

4. The address of the agent currently on file for this entity

Street Address (Required)	City	State	ZIP+4
---------------------------	------	-------	-------

Mailing Address (Optional)	City	State	ZIP+4
----------------------------	------	-------	-------

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
--	------	-------	-------

Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
--	------	-------	-------

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

297 2885 11/10/2009

2009

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

FILE DATE 11/09/09
RECEIPT NO 1965623
RECEIVED
NOV 09 2009
S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent Name and Address:



DL009984
DL009984 OCT/2008
STARR FITNESS LLC
STARR, MARLA
110 3RD ST SW STE 107
HURON SD 57350-2432

Telephone # 605-352-0691
FAX # _____
FILING DATE: Due during the month
the Certificate of Organization was
issued, and delinquent after the last
day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

110 Third Str SW Suite 107 Huron SD 57350
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Marla A Starr

110 Third Str SW Suite 107 Huron SD 57350
Street Address (Required to be a South Dakota Address) City State ZIP+4

Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

4. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager	Street Address	City	State	ZIP+4

Dated 11/5/09

Marla A. Starr
(Signature of an Authorized Manager or Member)
Marla A Starr
(Printed Name)
Owner - Manager
(Title)

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number: _____

4. The address of the agent currently on file for this entity

Street Address (Required) _____ City _____ State _____ ZIP+4 _____

Mailing Address (Optional) _____ City _____ State _____ ZIP+4 _____

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address) _____ City _____ State _____ ZIP+4 _____

Mailing Address (Optional – Required to be a South Dakota Address) _____ City _____ State _____ ZIP+4 _____

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

2010

ANNUAL REPORT
DOMESTIC L.L.C.

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

FILE DATE 10/27/10
RECEIPT NO 3080819
RECEIVED
OCT 27 2010
S.D. SEC. OF STATE

Telephone # 605-352-0691
FAX # 605-352-7613
FILING DATE: Due during the month
the Certificate of Organization was
issued, and delinquent after the last
day of the following month.

1. L.L.C. Name, Registered Agent Name and Address:



DL009984
DL009984 OCT/2009
STARR FITNESS LLC
STARR, MARLA
110 3RD ST SW STE 107
HURON SD 57350-2432

2. The jurisdiction under whose law it is formed South Dakota

3. The address of the principal executive office in or out of the State of South Dakota

110 Third St SW Suite 107 Huron SD 57350
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Marla Starr

110 Third St SW Suite 107 Huron SD 57350
Street Address (Required to be a South Dakota Address) City State ZIP+4

Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated 10/26/2010

Marla A. Starr
(Signature of an Authorized Person)
Marla A Starr
(Printed Name)

312 1567 11/02/2010

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number _____

4. The address of the agent currently on file for this entity

Street Address (Required) _____ City _____ State _____ ZIP+4 _____

Mailing Address (Optional) _____ City _____ State _____ ZIP+4 _____

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address) _____ City _____ State _____ ZIP+4 _____

Mailing Address (Optional - Required to be a South Dakota Address) _____ City _____ State _____ ZIP+4 _____

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated _____

(Signature of an Authorized Person)

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

FILE 10/25/2012

RECEIPT NO 71208

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

DOMESTIC LLC

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

1. L.L.C. ID and Name:
DL009984
STARR FITNESS LLC
110 3RD ST SW STE 107
HURON, SD 57350-2432

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

110 3RD ST SW STE 107 HURON SD 57350-2432
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: MARLA STARR

110 3RD ST SW STE 107 HURON SD 57350-2432
Street Address or Rural Route Box Number in This State and City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Date 10/25/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

MARLA ANN STARR

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 10/18/2013

RECEIPT NO 147256

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

DOMESTIC LLC

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

1. L.L.C. ID and Name:
DL009984
STARR FITNESS LLC
110 3RD ST SW STE 107
HURON, SD 57350-2432

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

110 3RD ST SW STE 107 HURON SD 57350-2432
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: MARLA STARR

110 3RD ST SW STE 107 HURON SD 57350-2432
Street Address or Rural Route Box Number in This State and City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

Table with 5 columns: Manager, Street Address, City, State, ZIP+4. Contains three rows of manager information.

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Date 10/18/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

MARLA ANN STARR

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 10/17/2014

RECEIPT NO 239532

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

DOMESTIC LLC
Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

1. L.L.C. ID and Name:
DL009984
STARR FITNESS LLC
110 3RD ST SW STE 107
HURON, SD 57350-2432

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

110 3RD ST SW STE 107 HURON SD 57350-2432
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: MARLA STARR

110 3RD ST SW STE 107 HURON SD 57350-2432
Street Address or Rural Route Box Number in This State and City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Dated 10/17/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

MARLA A STARR

(Printed Name)

2015

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211

Enter Filing Year
Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

FILE DATE 10/18/2015

RECEIPT NO 344122

Telephone #

1. L.L.C. ID and Name:

DL009984

STARR FITNESS LLC

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

110 3RD ST SW STE 107 HURON SD 57350-2432

Actual Street Address or Rural Route Box Number City State ZIP+4

Mailing Address, if Different from Street Address City State ZIP+4

Email Address (Optional)

4. The name of the South Dakota Registered Agent

Agent Name: MARLA STARR

110 3RD ST SW STE 107 HURON SD 57350-2432

Actual Street Address or Rural Route Box Number in This State City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

Email Address (Optional)

5. The names and addresses of its managers (governors). If the LLC is member-managed, the names and addresses of the members (governors) need not be set forth.

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.

Dated 10/18/2015

Email (Optional)

Signature Accepted Electronically
(Signature of an Authorized Person)

MARLA A STARR
(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.