No. W 110154	Due no later than Jan 31, 2015	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)		
Return to:	Annual Report Form		DEBORAH LYNN HALES 726 DAYBREAK DR POCATELLO 83201 3. New Registered Agent Signature:*		
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed DAYBREAK MASSAGE, LLC DEBORAH LYNN HALES 726 DAYBREAK DR POCATELLO ID 83201	POCATELLO			
NO FILING FEE IF RECEIVED BY DUE DATE					
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 DEBORAH	HALES 726 DAYBREAK DR	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Deborah Hales		Date: 01/10/2015		
W 110154	Name (type or print): Deborah Hales		Title: Manager		
Processed 01/10/2015	* Electronically provided signatures are accepted as original signatures.				