

No. W 18658	Due no later than April 30, 2006		2. Registered Agent and Office 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		Annual Report Form		TRACY TURNER 440 2ND AVE #2 KETCHUM, ID 83353												
		1. Mailing Address - Correct in this box, if applicable 5 SEASONS MASSAGE LLC PO BOX 1805 SUN VALLEY, ID 83353														
3. <u>New</u> Registered Agent Signature																
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>pres</td> <td>Tracy Turner</td> <td>200 West Jefferson 440 2nd Ave S. #40</td> <td>Ketchum</td> <td>Id</td> <td>83353</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	pres	Tracy Turner	200 West Jefferson 440 2nd Ave S. #40	Ketchum	Id	83353
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pres	Tracy Turner	200 West Jefferson 440 2nd Ave S. #40	Ketchum	Id	83353											
5. Organized Under the Laws of: IDAHO W 18658		6. Signature <u>Tracy Turner</u> Date <u>3/13/06</u> Name (Typed or Printed) <u>Tracy Turner</u> Title <u>President</u>														

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