The state of the s	programme that he has been an a play a supplementary	- Inter ther	August 31, 2007	2. Registered Agent and	Office NO PU BU
No. W 53295		Due no later than August 31, 2007 Annual Report Form 1. Mailing Address - Correct in this box. if applicable		BROOKE L BAIAMONTE	
	1. P	Mailing Address - Correct	in this box, if applicable	147 N 2ND EAST ST REXBURG, ID 8344	0
ECRETARY OF STA 50 NORTH FOURTH O BOX 83720 BOISE, ID 83720-0080	STREET MA	SSAGE WORX, LLC N MILLHOLLOW RD EXBURG, ID 83440		3. New Registered Age	
O FILING FEE IF					
ECEIVED BY DUE	DATE	Allers and A	ddresses of Members.	**	Tie.
Limited Liabili	ty Companies:	Enter Names and A	C	ity State	V3440
Filling Figs	-y ·	Street or P.O. Addres		T., 330	83240
Office held Nam	7 - 40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	made 20 N. Wil	limited by the	pon &	*
Office held Name Person Person Name Name Name Name Name Name Name Name	Brode L. Balan	made 20 N.Wi	Mollow kx. 1-4	Sm.g	
Office held Name of The Company of t	Brooks L. Basa	morde 20 N. Wil	Thellow Rd. Pex	5 -8	
Office held Name Person 1	Brode L. Blia	nerde 20 N. Wil	Illustration by.		
Office held Name Per T	Brooke L. Boba	marde 20 N. Wil			
Office held Name Person 1	grode L. Boba	nerde 20 N. Wi			
Office held Name Per T	Brooke L. Boba	nerde 20 N.Wi			
Office held Name Person 1	Brooke L. Boba	nerde 20 N. Wi			
Office held Name of the control of t	Brooke L. Baia	mende 20 N. Wil		ing state of the s	
	:			ing state of the s	15/07
	:	6. 2.		ing state of the s	15/07
Office held Name of the second	a Laws of:			multe Date Cel	15/07