

No. W 31023		Due no later than Jun 30, 2015		2. Registered Agent and Address (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		CHARITY TUCKER 4822 N ROSEPOINT WAY STE 102 BOISE ID 83713	
		1. Mailing Address: Correct in this box if needed. TOTAL HEALTH MASSAGE AND FITNESS L.L.C. CHARITY TUCKER 4822 N. ROSEPOINT WAY STE 102 BOISE ID 83713 USA		3. <u>New</u> Registered Agent Signature:*	
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	CHARITY TUCKER	3400 E RIVER VALLEY APT H301	MERIDIAN	ID	83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 31023		Signature: CHARITY TUCKER		Date: 05/01/2015	
		Name (type or print): CHARITY TUCKER		Title: OWNER	
Processed 05/01/2015		* Electronically provided signatures are accepted as original signatures.			