

No. W 144786		Due no later than Nov 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SANDPOINT MASSAGE CARE LLC 311 S DIVISION SANDPOINT ID 83864 USA		STEVE ANDERSON 311 S DIVISION SANDPOINT ID 83864			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name STEVE E ANDERSON	Street or PO Address 311 S. DIVISION AVE		City SANDPOINT	State ID	Country USA	Postal Code 83864
5. Organized Under the Laws of: ID W 144786		6. Annual Report must be signed.* Signature: Steve Anderson Name (type or print): Steve Anderson Date: 12/20/2016 Title: Manager					
Processed 12/20/2016 * Electronically provided signatures are accepted as original signatures.							