No. W 35240	D	ue no later than Dec 31, 2010	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SANDRA FLETCHER			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. INNER REFLECTIONS MASSAGE THERAPY LLC SANDRA FLETCHER 496 S THORNWOOD WY MERIDIAN ID 83642		496 S THORNWOOD WY MERIDIAN ID 83642			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SANDRA FLE						
	MERIDIAN II			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Enter	Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER SANDRA	FLETCHER	496 S THORNWOOD WY	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:	6. Annual Repo	ort must be signed.*					
ID	Signature: S		Date: 01/08/2011				
W 35240	Name (type	Name (type or print): Sandra Fletcher		Title: Member			
Processed 01/08/2011	* Electronically	* Electronically provided signatures are accepted as original signatures.					