

|  |                |  |          |  |         |                  |  |
|--|----------------|--|----------|--|---------|------------------|--|
| No. <b>W 31023</b>   |                | <b>Due no later than Jun 30, 2010</b>  |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>             |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>TOTAL HEALTH MASSAGE AND FITNESS L.L.C.<br>CHARITY TUCKER<br>4822 N. ROSEPOINT WAY, STE B<br>BOISE ID 83713 |          | CHARITY TUCKER<br>4822 N ROSEPOINT WAY STE B<br>BOISE ID 83713 |         |                  |  |
|  |                |  |          | 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 | 5355 N SCHUBERT AVE  | MERIDIAN | ID   | USA     | 83642            |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*  |          |  |         |                  |  |
| <b>ID<br/>W 31023</b>  |                | Signature: Charity Tucker  |          |  |         | Date: 07/12/2010 |  |
|  |                | Name (type or print): Charity Tucker   |          |  |         | Title: Owner     |  |
| Processed 07/12/2010   |                | * Electronically provided signatures are accepted as original signatures.  |          |  |         |                  |  |