No. W 104024		Due no later than Jun 30, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CHRIS S HAYES 890 OXFORD DR IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed AMAZING TOUCH THERAPEUTIC MASSAGE, LLC CHRISS S HAYES 890 OXFORD DR IDAHO FALLS ID 83401	_				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
MANAGER AMBER HOC		DPES 137 HIWAY AVENUE		POCATELLO	ID	USA	83202
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Amber Hoopes	Date: 06/14/2013				
W 104024		Name (type or print): Amber Hoopes		Title: Owner			
Processed 06/14/2013 * Electronically provided signatures are accepted as original signatures.							