

No. <b>W 24901</b>	<b>Due no later than Jun 30, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> MAGIC VALLEY ACADEMY OF MASSAGE THERAPY, LLC MARYANN DOSHIER 496 F SHOUP AVE W TWIN FALLS ID 83301 USA		MARYANN DOSHIER 496 F SHOUP AVE W TWIN FALLS ID 83301			
			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	MARYANN DOSHIER	222 WEST AVENUE K	JEROME	ID	USA	83338
5. Organized Under the Laws of:  <b>ID W 24901</b>	6. Annual Report must be signed.* Signature: MaryAnnDoshier Name (type or print): MaryAnnDoshier		Date: 07/15/2009 Title: Owner			
Processed 07/15/2009		* Electronically provided signatures are accepted as original signatures.				