

No. W 133956	Due no later than Feb 28, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. IDAHO FALLS MASSAGE L.L.C. MICHELLE FLETCHER 477 SHOUP AVE SUITE 106 IDAHO FALLS ID 83402	MICHELLE FLETCHER 945 W CROWLEY ST IDAHO FALLS 83402				
		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	MICHELLE A FLETCHER	945 WEST CROWLEY STREET	IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of: ID W 133956	6. Annual Report must be signed.* Signature: Michelle Fletcher Name (type or print): Michelle Fletcher		Date: 03/16/2015 Title: Owner			
Processed 03/16/2015		* Electronically provided signatures are accepted as original signatures.				