

No. W 67217		Due no later than Oct 31, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MAJESTIC HEALING/ CORRECTIVE INJURY CARE LLC ROBERTA ANN GROTH 4491 N DRESDEN PL #3 GARDEN CITY ID 83714 USA		ROBERTA GROTH 4491 N DRESDEN PL STE 3 GARDEN CITY ID 83714	
				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
MEMBER	ROBERTA ANN GROTH	4491 N DRESDEN PL STE 3	GARDEN CITY	ID	USA 83714
5. Organized Under the Laws of: ID W 67217		6. Annual Report must be signed.* Signature: Roberta Ann Groth Name (type or print): Roberta Ann Groth Date: 08/11/2009 Title: Certified Massage Therapist			
Processed 08/11/2009		* Electronically provided signatures are accepted as original signatures.			