

|  |           |  |          |  |                     |
|--|-----------|--|----------|--|---------------------|
| No. <b>W 55649</b>   |           | <b>Due no later than Oct 31, 2011</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>Annual Report Form</b>  |          | KATE LEAH<br>203 N MAIN<br>BELLEVUE ID 83313       |                     |
|  |           | <b>1. Mailing Address: Correct in this box if needed.</b><br>KATE LEAH MASSAGE LLC<br>KATE LEAH<br>203 N MAIN<br>BELLEVUE ID 83313 |          | 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  | KATE LEAH | 203 N MAIN   | BELLEVUE | ID   | USA 83313           |
| 5. Organized Under the Laws of:  |           | 6. Annual Report must be signed.*  |          |  |                     |
| <b>ID<br/>W 55649</b>  |           | Signature: Kate Leah   |          | Date: 10/31/2011                                   |                     |
|  |           | Name (type or print): Kate Leah  |          | Title: Owner                                       |                     |
| Processed 10/31/2011   |           | * Electronically provided signatures are accepted as original signatures.  |          |  |                     |