No. W 73811	D	Due no later than Apr 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		PATRICIA A HETRICK 1627 S. ORCHARD STE 160 BOISE ID 83705 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HUMAN TOUC PATRICIA A. 1627 S. ORC	1. Mailing Address: Correct in this box if needed. HUMAN TOUCH THERAPEUTIC MASSAGE, LLC PATRICIA A. HETRICK 1627 S. ORCHARD 160 BOISE ID 83705					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	ter Names and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER PATRI	CIA A HETRICK	2155 BLUE SAGE LN	BOISE	ID		83716	
5. Organized Under the Laws of:	6. Annual Repo	6. Annual Report must be signed.*					
ID ID	Signature: Pa	Signature: Patricia Hetrick		Date: 03/05/2017			
W 73811	Name (type	Name (type or print): Patricia Hetrick		Title: owner			
Processed 03/05/2017	* Electronically (* Electronically provided signatures are accepted as original signatures.					