


No. W 111895	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) LISA LANGBEHN 280 CRANBROOK HAILEY ID 83333 <div style="text-align: right; margin-top: -20px;"> 1531 Heroic Rd Hailey, ID 83333 </div>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BACK IN MOTION MASSAGE, LLC PO BOX 4501 HAILEY ID 83333 Back in Motion Massage, LLC 1531 Heroic Rd Hailey, ID 83333		3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Lisa Langbehn 1531 Heroic Rd Hailey, ID USA 83333			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 111895 </div>		6. Signature:  <hr/> Name (type or print): <u>Lisa Langbehn</u> <div style="float: right; text-align: right;"> Date: <u>Aug 13, 2013</u> Title: <u>Owner</u> </div>	
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