No. **W 76650**	**Due no later than Aug 31, 2012**	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.** KS MASSAGE, LLC KRISTOFF SAURETTE 18178 W RIVERVIEW DR POST FALLS ID 83854	KRISTOFF SAURETTE 18178 W RIVERVIEW DR POST FALLS ID 83854 3. New 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	KRISTOFF J SAURETTE	18178 W RIVERVIEW DR.	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 76650**	Signature: Kristoff J Saurette	Date: 09/24/2012
	Name (type or print): Kristoff J Saurette	Title: Manager

Processed 09/24/2012

* Electronically provided signatures are accepted as original signatures.