

No. W 47502		Due no later than Feb 29, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. REVIVE THERAPEUTIC MASSAGE, LLC SUZANNE MICHELLE 1813 POTTER DRIVE BOISE ID 83706		SUZANNE MICHELLE 1813 POTTER DR BOISE ID 83706			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name SUZANNE MICHELLE	Street or PO Address 1813 POTTER DRIVE		City BOISE	State ID	Country USA	Postal Code 83706
5. Organized Under the Laws of: ID W 47502		6. Annual Report must be signed.* Signature: Suzanne Michelle Name (type or print): Suzanne Michelle Date: 02/10/2016 Title: Member					
Processed 02/10/2016 * Electronically provided signatures are accepted as original signatures.							