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| No. W 71083 | | Due no later than Feb 28, 2011 | | 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 | | 1. Mailing Address: Correct in this box if needed. HEALING HANDS CLINIC OF THERAPEUTIC MASSAGE LLC BRIANA S LOW 184 EAST AVE B WENDELL ID 83355 USA | | BRIANA LOW 184 EAST AVE B WENDELL ID 83355 | |
| | | | | 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 | BRIANA LOW | 184 EAST AVE B | WENDELL | ID | USA 83355 |
| 5. Organized Under the Laws of: ID W 71083 | | 6. Annual Report must be signed.* Signature: Briana Low Name (type or print): Briana Low Date: 01/16/2011 Title: Owner | | | |
| Processed 01/16/2011 | | * Electronically provided signatures are accepted as original signatures. | | | |