No. W 138451 Return to:		Due no later than Jun 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX) CHERYL ABBOTT				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MASSAGE THERAPY CENTER, LLC MASSAGE THERAPY CENTER, LLC 365 BARE ST REXBURG ID 83440		d.	365 BARE ST REXBURG ID 83440 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nar	mes and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	CHERYL L A	BBOTT	365 BARE		REXBURG	ID	USA	83440
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Cheryl Abbott		Date: 05/11/2017				
W 138451		Name (type or print): Cheryl Abbott			Title: LMT			
Processed 05/11/2017 * Electronically provided signatures are accepted as original signatures.								