

No. <b>W 106107</b>	<b>Due no later than Aug 31, 2018</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> RELAXATION STATION, LLC KATIE FRISBEE P.O. BOX 5314 BOISE ID 83705 USA	KATIE FRISBEE 4935 S MAVERICK WAY BOISE ID 83705-8370	
		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
MEMBER	KATIE FRISBEE	5460 WEST FRANKLIN ROAD ST. F	BOISE ID USA 83705
5. Organized Under the Laws of:  <b>ID W 106107</b>	6. Annual Report must be signed.* Signature: Katie Frisbee Date: 08/25/2018 Name (type or print): Katie Frisbee Title: Massage Therapist		
Processed 08/25/2018		* Electronically provided signatures are accepted as original signatures.	