

No. W 47502	Due no later than Feb 28, 2011 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. REVIVE THERAPEUTIC MASSAGE, LLC SUSANN SCHRINSKY 2320 N 21ST ST BOISE ID 83702		SUSANN SCHRINSKY 2320 N 21ST ST BOISE ID 83702			
			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	SUSANN SCHRINSKY	2320 N 21ST ST	BOISE	ID	USA	83702
5. Organized Under the Laws of: ID W 47502		6. Annual Report must be signed.* Signature: Susann Schrinisky Name (type or print): Susann Schrinisky		Date: 01/16/2011 Title: Manager		
Processed 01/16/2011		* Electronically provided signatures are accepted as original signatures.				