



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

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Due no later than: 03/31/2025

Annual Report: No filing fee if received by the due date.

SOS Control Number: 5687684

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/25/2024

Formation Locale: ID

Name and Mailing Address:

Perfect Wellness Massage L.L.C.
STE 100
79 AIKENS RD
EAGLE, ID 83616-7767

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

CURTIS KUEFFLER
1152 E WINDING CREEK DR
EAGLE, ID 83616

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Curtis Kueffler	79 E Aikens Rd Suite 100	Eagle, ID 83616
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Pei Kueffler	79 E Aikens Rd Suite 100	Eagle, ID 83616
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Curtis Kueffler

(6) Date:

3-7-25

(7) Type/Print Name:

Curtis Kueffler

(8) Title:

Manager

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

89990-1448 03/07/2025 4:54 PM Received by Office of the Idaho Secretary of State