No. W 109816	Due no later than Jan 31, 2013		2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form		KELLI COOPER				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. KELLI'S THERAPEUTIC MASSAGE L.L.C. KELLI COOPER 116 E WYOMING AVE HAYDEN ID 83835 USA		116 E WYOMING AVE HAYDEN ID 83835 3. New Registered Agent Signature:*				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held Name	Stree	t or PO Address	City	State	Country	Postal Code	
MEMBER KELLI ANNE COOPER 116 E		WYOMING AVE	HAYDEN	ID	USA	83815	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Kelli Cooper		Date: 01/09/2013				
W 109816	Name (type or print): Kelli Cooper		Title: Business Owner				
Processed 01/09/2013	* Electronically provided signatures are accepted as original signatures.						