

No. W 77320	Due no later than Sep 30, 2010 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. UPSTAGING! ROOM THERAPY, LLC SHELLY HARSHMAN 10995 W WAGON PASS ST BOISE ID 83709 USA		BILLIE-JO HESS 10995 W WAGON PASS ST BOISE ID 83709			
			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	SHELLY HARSHMAN	1969 S WILDE CREEK WAY	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID W 77320	6. Annual Report must be signed.* Signature: Shelly Harshman Name (type or print): Shelly Harshman		Date: 11/08/2010 Title: Manager			
Processed 11/08/2010		* Electronically provided signatures are accepted as original signatures.				