

No. C113845	Annual Report Form 1996 Due No Later Than November 30.	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct BOISE MASSAGE THERAPY & TRAI JAMES DEAN WEATHERS 5357 N GOLDIE 1612 W. Jefferson St. 83702 BOISE ID 83703	JAMES DEAN WEATHERS 5357 N GOLDIE BOISE ID 83703
		3. Organized Under the Laws of:
		ID C113845

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	James D. Weathers	5357 N Goldie	Boise	ID	83703
Secretary	Kimberly Weathers	5357 N Goldie	Boise	ID	83703

5. NATURE OF BUSINESS ANY LAWFUL Massage Therapy	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Kimberly Weathers</u> Date <u>7/17/96</u> Name (Typed or Printed) <u>Kimberly Weathers</u> Title <u>Secretary</u>
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ISSUED: 07-06-1996

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