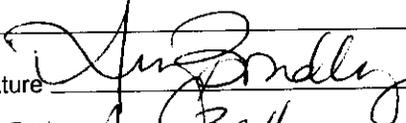


<b>No. W 6492</b>	<b>Due no later than Jul 31, 2000</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b> CENTER FOR MESSAGE THERAPY, L.L.C.  1790 SABIN STE A 1747 Sabin Dr  IDAHO FALLS, ID 83406		AMY BRADLEY <del>1165 S TOTTIE</del> 2095 Meppen  IDAHO FALLS, ID 83404													
<b>4. Limited Liability Companies: Enter Names and Addresses of Members.</b>			<b>3. New Registered Agent Signature</b>													
<table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Owner</td> <td>Amy Bradley</td> <td>1747 Sabin Dr.</td> <td>Idaho Falls</td> <td>ID</td> <td>83406</td> </tr> </tbody> </table>	<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Owner	Amy Bradley	1747 Sabin Dr.	Idaho Falls	ID	83406				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Owner	Amy Bradley	1747 Sabin Dr.	Idaho Falls	ID	83406											
<b>5. Organized Under the Laws of:</b>  IDAHO W 6492	<b>6.</b> Signature  Name (Typed or Printed) Amy Bradley		Date 6/12/00 Time													