No. <b>W 27679</b>	Due no later than Dec 31, 2016		2. Reg	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		CONT. (C. )	BONNIE HOPPE WILLIAMS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  INTUITIVE TOUCH MASSAGE, LLC BONNIE HOPPE WILLIAMS 6938 J AND S CIR NAMPA ID 83686		NAI	6938 J AND S CIR NAMPA ID 83686  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresses of	at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER BONNIE HO	PPE WILLIAMS	6938 J AND S CIR	NAM	PA ID		83686	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: Bonnie H. Williams			Date: 12/02/2016			
W 27679	Name (type or print): Bonnie H. Williams			Title: Owner			
Processed 12/02/2016	* Electronically provided signatures are accepted as original signatures.						