

No. <b>C 136528</b>		<b>Due no later than Nov 30, 2012</b>		2. Registered Agent and Address <b>(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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  OLAVESON THERAPEUTIC MASSAGE INC. CALLIE OLAVESON 774 E 81ST N IDAHO FALLS ID 83401		JOHN OLAVESON 657 WOODRUFF IDAHO FALLS ID 83401			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	CALLIE OLAVESON	774 EAST 81ST NORTH	IDAHO FALLS	ID	USA	83401	
PRESIDENT	JOHN OLAVESON	657 S WOODRUFF	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 136528</b>		Signature: Callie Olaveson				Date: 09/24/2012	
		Name (type or print): Callie Olaveson				Title: Secretary	
Processed 09/24/2012		* Electronically provided signatures are accepted as original signatures.					