No. <b>W 14272</b>	D	Due no later than Jan 31, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ZEN MASSAGE THERAPY L.L.C.  KRISTINE BERGER  3724 SUMMERRIDGE CIRCLE  IDAHO FALLS ID 83406		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ZEN MASSAG KRISTINE BE 3724 SUMME			KRISTINE BERGER 3724 SUMMERRIDGE CIRCLE IDAHO FALLS ID 83406  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter	USA Names and Address	es of at least one Member or Manager.					
Office Held Name	Names and Address	Street or PO Address	City	State	Country	Postal Code	
MANAGER KRISTINE	F BERGER	3724 SUMMERRIDGE CIRCLE	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of:  ID  W 14272	of:  6. Annual Report must be signed.*  Signature: Kristine Berger  Name (type or print): Kristine Berger		Date: 01/21/2014 Title: Owner				
Processed 01/21/2014	* Electronically p	* Electronically provided signatures are accepted as original signatures.					