No. **W 71083**	**Due no later than Feb 28, 2017** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** HEALING HANDS CLINIC OF THERAPEUTIC MASSAGE LLC BRIANA S LOW PO BOX 593 WENDELL ID 83355	BRIANA LOW 184 EAST AVE B WENDELL ID 83355 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	BRIANA LOW	PO BOX 593	WENDELL	ID		83355

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 71083**	Signature: Briana Low	Date: 02/01/2017
	Name (type or print): Briana Low	Title: owner

Processed 02/01/2017

* Electronically provided signatures are accepted as original signatures.