No. **W 128019**	**Due no later than Aug 31, 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.** MICHELLE'S MASSAGE LLC MICHELLE PORTER 5157 E CUB RIVER RD PRESTON ID 83263	UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702 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	MICHELLE PORTER	5157 E CUB RIVER RD	PRESTON	ID	USA	83263

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 128019**	Signature: Michelle Porter	Date: 06/29/2017
	Name (type or print): Michelle Porter	Title: Massage therapist

Processed 06/29/2017

* Electronically provided signatures are accepted as original signatures.