

No. <b>W 77320</b>		<b>Due no later than Sep 30, 2009</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  UPSTAGING! ROOM THERAPY, LLC SHELLY HARSHMAN 10995 W WAGON PASS ST BOISE ID 83709 USA		BILLIE-JO HESS 10995 W WAGON PASS ST BOISE ID 83709			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SHELLY HARSHMAN	Street or PO Address 1969 S WILDE CREEK WAY		City BOISE	State ID	Country USA	Postal Code 83709
5. Organized Under the Laws of:  <b>ID</b> <b>W 77320</b>		6. Annual Report must be signed.*  Signature: Shelly Harshman Name (type or print): Shelly Harshman  Date: 09/21/2009 Title: Manager					
Processed 09/21/2009      * Electronically provided signatures are accepted as original signatures.							