

No. <b>W 77320</b>		<b>Due no later than Sep 30, 2009</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>		BILLIE-JO HESS 10995 W WAGON PASS ST BOISE ID 83709			
		<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		3. <u>New</u> 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	SHELLY HARSHMAN	1969 S WILDE CREEK WAY	BOISE	ID	USA	83709	
5. Organized Under the Laws of:  <b>ID 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.					