| No. <b>W 168397</b>  |                   | Due no later than Jun 30, 2018  |                                |  | 2. Registered Agent and Address (NO PO BOX)                                   |       |         |             |
|--|-------------------|---|--------------------------------|--|---|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 |                   | Annual Report Form  1. Mailing Address: Correct in this box if needed.  FOUR SEASONS MASSAGE LLC  KAYLENE HOWARD  PO BOX 331  TROY ID 83871 |                                |  | KAYLENE HOWARD 211 MAIN ST TROY ID 83871  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar   |                   |   | nt least one Member or Manager |  |   |       |         |             |
| Office Held  | Name              | ries and Addresses of a   | Street or PO Address           |  | City  | State | Country | Postal Code |
| MANAGER  | ER KAYLENE HOWARD |   | 211 N MAIN                     |  | TROY  | ID    | USA     | 83871       |
| 5. Organized Under the Laws of:  ID  W 168397                                      |                   | 6. Annual Report must be signed.* Signature: Kaylene Howard Name (type or print): Kaylene Howard  |                                |  | Date: 06/20/2018<br>Title: LMT  |       |         |             |
| Processed 06/20/2018   |                   | * Electronically provided signatures are accepted as original signatures.   |                                |  |   |       |         |             |