No. <b>W 117906</b>	Due no later than Oct 31, 2013		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		THOMAS STRICKLAND				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			4577 E JOHN ADAMS PKWY AMMON ID 83406			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BODY BALANCE PROFESSIONALS LLC THOMAS KEITH STRICKLAND II 4561 E JOHN ADAMS PARKWAY		AMMON ID				
	IDAHO FALLS ID 83406		3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
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	
MEMBER THOMAS KEITH STRICKLAND 4577 E JOHN ADAMS PKWY			AMMON	ID	USA	83406	
5. Organized Under the Laws of:	6. Annual Report mus						
ID	Signature: Thomas	Date: 12/16/2013					
W 117906	W 117906 Name (type or print): Thomas Strickland		Title: Member				
Processed 12/16/2013	* Electronically provided signatures are accepted as original signatures.						