| No. W 121338 | | Due no later than Jan 31, 2016 | | 2. Registered A | 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. TALAMANTEZ MASSAGE LLC CONNIE SHIRLEY 325 S WOODRUFF IDAHO FALLS ID 83401 | | 325 S WOOD IDAHO FALLS | CONNIE SHIRLEY 325 S WOODRUFF IDAHO FALLS ID 83401 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | mes and Addresses of at | least one Member or Manager | | | | | |
| Office Held | Name | nes and Addresses of at | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | MEMBER CONNIE SHIRLEY | | 325 SWOODRUFF | IDAHO FALLS | ID | USA | 83401 | |
| 5. Organized Under the Laws of: ID W 121338 | | 6. Annual Report must be signed.* Signature: Connie Shirley Name (type or print): Connie Shirley | | | Date: 11/18/2015 Title: Owner | | | |
| Processed 11/18/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |