



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 05/31/2020

Nort Form

Return completed form within 30 days to: 40 Idaho Secretary of State

Attn: Annual Reports: 450 North 4th Street

Annual	Report: No filing fee i	· ·	Boise, ID 83720 Phone: (208) 334-2300		
		Filing Status: Active-Exist Date Formed:	_	ormation Locale: DELAWARE	
7887 N 4TH ST	ESS MASSAGE LLC		(1) Add or Change Mailir	ng Address:	0 9:39 AM
SUSAN D GRIE 7887 N 4TH ST	DENS, ID 83815	ed Office (RO) Address: stered Office address must be a phy	(2) Change RA and/or R	i i	Received by
(4) Limited Liabilit These will not be	accepted. Changes here	if a new agent is appointed in es and addresses of Managers OR will not affect the entity mailing add	Members. Do NOT put lress. If more space is ne	eded, please add an attachmer	above
Manager/Member	Name	Business Addre		City, State, Zip	<u> </u>
Mgr Mem	Susan n Gr	7887 N 4	PK 5P	Dultun Corraders; Fed	rseary of State Lawere
(5) Signature:	ben Dorc		(6) Date: 4-20	-10	<u>, er</u>
(7) Type/Print Name	e: Susan Gran	esche	(8) Title: Ma45@	it theespist LRA	