

No. W 27679	Due no later than December 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable INTUITIVE TOUCH MASSAGE, LLC 2334 S CHICAGO ST NAMPA, ID 83686		BONNIE HOPPE WILLIAMS 2334 S CHICAGO ST NAMPA, ID 83686 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Bonnie Hoppe Williams</td> <td>2334 S. Chicago St.</td> <td>NAMPA</td> <td>ID</td> <td>83686</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Bonnie Hoppe Williams	2334 S. Chicago St.	NAMPA	ID	83686
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Bonnie Hoppe Williams	2334 S. Chicago St.	NAMPA	ID	83686										
5. Organized Under the Laws of: IDAHO W 27679		6. Signature <u>Bonnie H Williams</u> Date <u>7 Oct 04</u> Name <small>(Typed or Printed)</small> <u>BONNIE H WILLIAMS</u> Title <u>MANAGER</u>													