

|   |                          |  |  |  |             |                |                      |
|---|--------------------------|--|--|--|-------------|----------------|----------------------|
| No. <b>W 144786</b>   |                          | <b>Due no later than Nov 30, 2015</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )   |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  |                          | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SANDPOINT MASSAGE CARE LLC<br>311 S DIVISION<br>SANDPOINT ID 83864                    |  | STEVE ANDERSON<br>311 S DIVISION<br>SANDPOINT ID 83864 |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                          |  |  | 3. <u>New</u> Registered Agent Signature:*             |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.        |                          |  |  |  |             |                |                      |
| Office Held<br>MANAGER  | Name<br>STEVE E ANDERSON | Street or PO Address<br>311 S. DIVISION AVE  |  | City<br>SANDPOINT                                      | State<br>ID | Country<br>USA | Postal Code<br>83864 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 144786</b>                                 |                          | 6. Annual Report must be signed.*<br><br>Signature: Steve Anderson<br>Name (type or print): Steve Anderson<br><br>Date: 10/07/2015<br>Title: President |  |  |             |                |                      |
| Processed 10/07/2015      * Electronically provided signatures are accepted as original signatures. |                          |  |  |  |             |                |                      |