

No. W 47502

Due no later than February 29, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

REVIVE THERAPEUTIC MASSAGE, LLC
SUSANN SCHRINSKY
2320 N 21ST ST
BOISE, ID 83702

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2320 N 21ST ST
BOISE, ID 83702

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member/Manager	Susann Schrinsky	2320 N. 21 St.	Boise	ID	83702

5. Organized Under the Laws of:

IDAHO
W 47502

6.

Signature

Susann Schrinsky

Date

1-14-08

Name (Typed or Printed)

Susann Schrinsky

Title

Manager/Member