

No. C 166931		Due no later than May 31, 2007		Annual Report Form		2. Registered Agent and Address (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 needed. R.E.L.I.E.F. MEDICAL AND SPORTS MASSAGE CORP. ELIZABETH BATES 220 MAXINE LANE KIMBERLY ID 83341		ELIZABETH BATES 220 MAXINE LANE KIMBERLY ID 83341		3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	ELIZABETH BATES	220 MAXINE LANE	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of: ID C 166931		6. Annual Report must be signed.* Signature: Elizabeth Bates Name (type or print): Elizabeth Bates		Date: 06/14/2007 Title: President			
Processed 06/14/2007		* Electronically provided signatures are accepted as original signatures.					