| No. W 138411 | | Due no later than May 31, 2015 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|----------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------|---------------------------------------|------------------------|-------------------------------------------------------------------------------------|---------|-------------|--|
| Return to: | | Annual Report Form | | | SUSAN SWETNAM 9388 W CHARLOTTE POCATELLO 83204 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. | | | | | | |
| | | BALSAMROOT MASSAGE, LLC. SUSAN H SWETNAM 9388 W CHARLOTTE | | 2. No. Book to | | | | |
| | | POCATELLO ID 83204 | | 3. <u>New</u> Register | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 4. Limited Liability Compa | anies: Enter Na | mes and Addresse | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER SUSAN H S | | WETNAM | 9388 W CHARLOTTE DR. | POCATELLO | ID | USA | 83204 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Susan H. Swetnam | | Date: (| Date: 03/22/2015 | | | |
| W 138411 | | Name (type or print): Susan H. Swetnam | | Title: | Title: Owner/Operator/LMT | | | |
| Processed 03/22/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |