

No. <b>W 31023</b>		<b>Due no later than Jun 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  TOTAL HEALTH MASSAGE AND FITNESS L.L.C. CHARITY TUCKER 4822 N. ROSEPOINT WAY, STE B BOISE ID 83713 USA		CHARITY TUCKER 4822 N ROSEPOINT WAY STE B BOISE ID 83713			
<b>NO FILING FEE IF 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 MANAGER	Name CHARITY TUCKER	Street or PO Address 5355 N SCHUBERT AVE		City MERIDIAN	State ID	Country USA	Postal Code 83642
5. Organized Under the Laws of:  <b>ID</b> <b>W 31023</b>		6. Annual Report must be signed.*  Signature: Charity Tucker Name (type or print): Charity Tucker  Date: 04/29/2014 Title: Manager					
Processed 04/29/2014 * Electronically provided signatures are accepted as original signatures.							