

No. W 31023		Due no later than Jun 30, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. 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	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	CHARITY TUCKER	5355 N SCHUBERT AVE	MERIDIAN	ID	USA 83642
5. Organized Under the Laws of: ID W 31023		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.			