No. W 151197	Due no later than May 31, 2016	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form	CONTRACTOR OF TOTAL BY THE THREE TOTAL	ANITA JOHNSON			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		2824 E LINCOLN RD IDAHO FALLS ID 83401			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	FALLS MASSAGE CLINIC LLC (THE) ANITA JOHNSON 2824 E LINCOLN RD	IDATOTALES ID 65701				
	IDAHO FALLS ID 83401	3. New Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.					
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER ANITA ANN	JOHNSON 2824 EAST LINCOLN ROAD	IDAHO FALLS IDAHO	ID	USA	83401	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Anita Johnson		Date: 03/22/2016			
W 151197	W 151197 Name (type or print): Anita Johnson		Title: Manager			
Processed 03/22/2016	* Electronically provided signatures are accepted as original signatures.					