No. W 47502	Due no later than February 28, 2007 Annual Report Form 1. Mailing Address - Correct in this box, if applicable		2. Registered Agent and Office NO PO BO SUSANN SCHRINSKY 2320 N 21ST ST BOISE, ID 83702 3. New Registered Agent Signature	
SECRETARY OF STATE				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	REVIVE THERAPEUTIC MASSAGE, LLC SUSANN SCHRINSKY 2320 N 21ST ST BOISE, ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE		100	LIGHIOTOTO ME	laur oiAusrois
	ies: Enter Names and Addresses of Managers.			
Office held Name	Ohman - 70 O A 44	ity	State	<u>Zip</u>
Manager Susann Sch	irinsky 2320 N. 21 St. B	poise	ID	83702
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5. Organized Under the Laws of: IDAHO W 47502	Signature hann Schrin	sky	Date <u>2</u> .	10.07
	Name Printed or Susann Schrin	sky	Title Mar	nager
Issued 12/01/2006	Do Not Tape or Staple			02007457