

No. W 104024		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. AMAZING TOUCH THERAPEUTIC MASSAGE, LLC CHRISS S HAYES 890 OXFORD DR IDAHO FALLS ID 83401		CHRIS S HAYES 890 OXFORD DR IDAHO FALLS ID 83401	
				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	AMBER HOOPES	137 HIWAY AVENUE	POCATELLO	ID	USA 83202
5. Organized Under the Laws of: ID W 104024		6. Annual Report must be signed.* Signature: Amber Hoopes Name (type or print): Amber Hoopes Date: 06/24/2014 Title: Manager			
Processed 06/24/2014		* Electronically provided signatures are accepted as original signatures.			