No. **W 136629**	**Due no later than Apr 30, 2015** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** VALLEY MASSAGE CLINIC LLC JULIE ANN ANDERSON-MILLER 488 BLUE LAKES BLVD N STE 108 TWIN FALLS ID 83301	THOMAS E MILLER 209 RANCH VIEW RD W JEROME 83338 3. New 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	JULIE ANN ANDERSON-MILLER	408 BLUE LAKES BLVD. N #108	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 136629**	Signature: Julie A. Miller Name (type or print): Julie A. Miller	Date: 04/08/2015 Title: Owner

Processed 04/08/2015

* Electronically provided signatures are accepted as original signatures.