

No. W 18658	Due no later than April 30, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX TRACY TURNER 440 2ND AVE #2 KETCHUM, ID 83353												
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 applicable 5 SEASONS MASSAGE LLC PO BOX 1805 SUN VALLEY, ID 83353	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Tracy Turner</td> <td>440 2nd Ave S. #20</td> <td>Ketchum</td> <td>Id</td> <td>83353</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Tracy Turner	440 2nd Ave S. #20	Ketchum	Id	83353
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager	Tracy Turner	440 2nd Ave S. #20	Ketchum	Id	83353									
5. Organized Under the Laws of: IDAHO W 18658	6. Signature <u>Tracy Turner</u> Date <u>2/16/07</u> Name <small>(Typed or Printed)</small> <u>TRACY Turner</u> Title <u>Manager</u>													