

No. W 55649	Due no later than Oct 31, 2013 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. KATE LEAH MASSAGE LLC KATE LEAH 203 N MAIN BELLEVUE ID 83313		KATE LEAH 203 N MAIN BELLEVUE ID 83313			
			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	KATE LEAH	203 N MAIN	BELLEVUE	ID	USA	83313
MANAGER	KATE L LEAH	203 N MAIN	BELLEVUE	ID	USA	83313
5. Organized Under the Laws of: ID W 55649	6. Annual Report must be signed.* Signature: Kate Leah Name (type or print): Kate Leah		Date: 11/26/2013 Title: Owner			
Processed 11/26/2013		* Electronically provided signatures are accepted as original signatures.				