

No. W 18658	Due no later than April 30, 2004 Annual Report Form		2. Registered Agent and Office 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 applicable.		TRACY TURNER 440 2ND AVE #2 KETCHUM, ID 83353												
	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 border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>Tracy Turner</td> <td>PO Box 1805</td> <td>Sun Valley</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	PO Box 1805	Sun Valley	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	PO Box 1805	Sun Valley	Id	83353										
5. Organized Under the Laws of: IDAHO W 18658		6. Signature <u>Tracy Turner</u> Date <u>2/17/05</u> Name <small>(Typed or Printed)</small> <u>Tracy Turner</u> Title <u>manager</u>													