

No. W 47502		Due no later than Feb 28, 2014 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		1. Mailing Address: Correct in this box if needed. REVIVE THERAPEUTIC MASSAGE, LLC SUZANNE MICHELLE 1813 POTTER DRIVE BOISE ID 83706		SUSANN SCHRINSKY 2320 N 21ST ST BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SUZANNE MICHELLE	Street or PO Address 1813 POTTER DRIVE		City BOISE	State ID	Country USA	Postal Code 83706
5. Organized Under the Laws of: ID W 47502		6. Annual Report must be signed.* Signature: Suzanne Michelle Name (type or print): Suzanne Michelle Date: 01/23/2014 Title: Manager					
Processed 01/23/2014 * Electronically provided signatures are accepted as original signatures.							