

No. W 67217

Due no later than October 31, 2008  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

MAJESTIC HEALING/ CORRECTIVE INJURY  
4491 N RESDEN PL #3  
GARDEN CITY, ID 83714

ROBERTA GROTH  
4491 N BRESDEN STE 3  
GARDEN CITY, ID 83714

4491 N. DRESDEN

3. New Registered Agent Signature

NO FILING FEE IF  
RECEIVED BY DUE DATE

4. Limited Liability Companies: Enter Names and Addresses of Members.

| <u>Office held</u> | <u>Name</u>      | <u>Street or P.O. Address</u>                             | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|------------------|---|-------------|--------------|------------|
|                    | Roberta<br>GROTH | 4491 N. Dresden PL #3<br>Garden City, <del>Idaho</del> ID |             | Idaho        | 83714      |

5. Organized Under the Laws of:  
IDAHO  
W 67217

6.

Signature

Roberta Groth

Date

9/18/08

Name

(Typed or  
Printed)

Roberta Groth

Title

Certified Massage Therapist

Issued 08/06/2008

Do Not Tape or Staple

200810006957 Therapist