No. <b>W 158959</b>		Due no later than Nov 30, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SOJOURN MASSAGE LLC LEAH J SOUDERS  425 S WHITLEY STE 3 FRUITLAND ID 83619		425 S WHITI FRUITLAND	LEAH TRACY 425 S WHITLEY STE 3 FRUITLAND ID 83619  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nar	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	LEAH JADE	SOUDERS	414 S. WHITLEY DR.	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lea		Date: 11/03/2017				
W 158959		Name (type o		Title: manager				
Processed 11/03/2017	* Electronically provided signatures are accepted as original signatures.							