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| No. W 158959 | Due no later than Nov 30, 2016 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. | | LEAH TRACY 425 S WHITLEY STE 3 FRUITLAND ID 83619 | | | |
| | SOJOURN MASSAGE LLC LEAH J TRACY 425 S WHITLEY STE 3 FRUITLAND ID 83619 | | 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 | LEAH JADE TRACY | 414 S. WHITLEY DR. | FRUITLAND | ID | USA | 83619 |
| 5. Organized Under the Laws of: ID W 158959 | | 6. Annual Report must be signed.* Signature: Leah J Tracy Name (type or print): Leah J Tracy | | Date: 12/16/2016 Title: Owner | | |
| Processed 12/16/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | |