No. **W 71083**	**Due no later than Feb 28, 2009** **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.** HEALING HANDS CLINIC OF THERAPEUTIC MASSAGE LLC 184 EAST AVE B WENDELL ID 83355	BRIANA LOW 184 EAST AVE B WENDELL ID 83355 3. New 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	BRIANA LOW	184 EAST AVE B	WENDELL	ID	USA	83355

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 71083**	Signature: Briana Low	Date: 03/05/2009
	Name (type or print): Briana Low	Title: Owner

Processed 03/05/2009

* Electronically provided signatures are accepted as original signatures.