No. W 42802		Due no later than Sep 30, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. DON SNOW MASSAGE THERAPY, LLC DONALD A SNOW 479 N CURTIS RD BOISE ID 83706-1439		2. Registered	2. Registered Agent and Address (NO PO BOX) DONALD A SNOW 477 N CURTIS RD BOISE ID 83706-1439 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				477 N CUR				
				3. <u>New</u> Regist				
4. Limited Liability Compan	ies: Enter Nar	mes and Addres	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	DONALD A SNOW SALLY H SNOW		477 N CURTIS RD 471 N. CURTIS ROAD	BOISE BOISE	ID ID	USA USA	83706-1439 83706-1439	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: S	Sally H. Snow		Date: 07/18/2011			
W 42802		Name (type	or print): Sally H. Snow		Title: Member			
Processed 07/18/2011	* Electronically provided signatures are accepted as original signatures.							