

No. W 168397	Due no later than Jun 30, 2017 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.		KAYLENE HOWARD 211 MAIN ST TROY ID 83871			
	FOUR SEASONS MASSAGE LLC KAYLENE HOWARD PO BOX 331 TROY ID 83871		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	KAYLENE HOWARD	211 N MAIN	TROY	ID	USA	83871
5. Organized Under the Laws of: ID W 168397		6. Annual Report must be signed.* Signature: Kaylene Howard Name (type or print): Kaylene Howard		Date: 06/29/2017 Title: LMT		
Processed 06/29/2017		* Electronically provided signatures are accepted as original signatures.				