No. **W 108997**	**Due no later than Dec 31, 2013** **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.** SACRED BODY THERAPY, LLC AMI R MORRONE 9208 W WICHITA ST BOISE ID 83709 USA	AMI MARRONE 2101 N 33RD ST BOISE ID 83703 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
MEMBER	AMI R MORRONE	9208 W WICHITA ST	BOISE	ID	USA	83709

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 108997**	Signature: Ami Morrone	Date: 01/20/2014
	Name (type or print): Ami Morrone	Title: Member

Processed 01/20/2014

* Electronically provided signatures are accepted as original signatures.