

|  |                       |  |          |   |         |             |  |
|--|-----------------------|--|----------|---|---------|-------------|--|
| No. <b>C 126807</b>  |                       | <b>Due no later than Dec 31, 2010</b>  |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                       | <b>1. Mailing Address: Correct in this box if needed.</b><br>AMERICAN INSTITUTE OF CLINICAL MASSAGE, LIMITED<br>JEANE M. PLASTINO-WOOD<br>4365 INVERNESS DR<br>POST FALLS ID 83854 |          | STEVEN C WETZEL<br>618 N 4TH ST STE 2<br>COEUR D'ALENE ID 83814 |         |             |  |
|  |                       |  |          | 3. <u>New</u> Registered Agent Signature:*                      |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                       |  |          |   |         |             |  |
| Office Held  | Name                  | Street or PO Address   | City     | State   | Country | Postal Code |  |
| PRESIDENT  | JEANE M PLASTINO-WOOD | 10952 W HIDDEN VALLEY RD   | RATHDRUM | ID  | USA     | 83858       |  |
| SECRETARY  | JOHN S WOOD           | 10952 W HIDDEN VALLEY RD   | RATHDRUM | ID  | USA     | 83858       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>C 126807</b>  |                       | 6. Annual Report must be signed.*<br>Signature: Carrie Pierce<br>Name (type or print): Carrie Pierce<br>Date: 01/10/2011<br>Title: Director of Finance                             |          |   |         |             |  |
| Processed 01/10/2011   |                       | * Electronically provided signatures are accepted as original signatures.  |          |   |         |             |  |