No. **W 79530**	**Due no later than Dec 31, 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.** HAYDEN LAKE MASSAGE THERAPY LLC MYLINDA S OLIVER 1120 E CALLOWAY LN HAYDEN ID 83835 USA	MYLINDA OLIVER 1120 E CALLOWAY LN HAYDEN ID 83835 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	MYLINDA S OLIVER	1120 E CALLOWAY LN	HAYDEN	ID	USA	83835

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 79530**	Signature: Mylinda Oliver	Date: 01/09/2010
	Name (type or print): Mylinda Oliver	Title: Owner

Processed 01/09/2010

* Electronically provided signatures are accepted as original signatures.