

No. W 56769

**Due no later than December 31, 2008
Annual Report Form**

Return to:
**SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080**

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

**SPEED HEALING AND MASSAGE, LLC
1415 CHUCKWAGON PL #3
BLACKFOOT, ID 83221**

2. Registered Agent and Office NO PO BOX

**CORWIN ALLEN WEST
1415 CHUCKWAGON PL #3
BLACKFOOT, ID 83221**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held

Name

Street or P.O. Address

City

State

Zip

*Sole Member Corwin Allen West 1415 Chuckwagon PL Apt#3 Blackfoot, ID
83221*

5. Organized Under the Laws of:

**IDAHO
W 56769**

6.

Signature

**Name (Typed or
Printed)**

Corwin Allen West

Date

10/24/08

Title

Sole member