

| | | | | | | | |
|--|-----------------------|---|-------|--|---------|----------------------|--|
| No. W 109517 | | Due no later than Dec 31, 2017 | | 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. SERENITY IN MOTION MASSAGE THERAPY LLC TERRI-ANNA OLLIVIERRE PO BOX 191134 BOISE ID 83719 | | TERRI-ANNA OLLIVIERRA 4885 S WHITMORE WAY BOISE ID 83709 | | | |
| | | | | 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 | TERRI-ANNA OLLIVIERRE | 4885 S WHITMORE WAY | BOISE | ID | USA | 83709 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 109517 | | Signature: TAO | | | | Date: 11/02/2017 | |
| | | Name (type or print): TAO | | | | Title: Owner/Manager | |
| Processed 11/02/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |