No. <b>W 162058</b>	Annual Report Form  1. Mailing Address: Correct in this box if needed.  UNWIND AND ALIGN THERAPEUTIC MASSAGE LLC ELIZABETH MARIE FOGEL		2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			ELIZABETH MARIE FOGEL 3519 N JONES PLACE BOISE ID 83704				
NO FILING FEE IF RECEIVED BY DUE DATE		3519 N JONES PLACE BOISE ID 83704		3. New Registered Agent Signature:*			
4. Limited Liability Companies: Enter I	lames and Addres	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER ELIZABETH	I M FOGEL	3519 N JONES PL	BOISE	ID	USA	83704	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	ID Signature: Elizabeth Fogel			Date: 01/11/2018			
W 162058	Name (type	e or print): Elizabeth Fogel	Title: Owner				
Processed 01/11/2018	* Electronically	* Electronically provided signatures are accepted as original signatures.					