| No. **W 71083** | **Due no later than Feb 28, 2010**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>HEALING HANDS CLINIC OF THERAPEUTIC MASSAGE LLC<br>BRIANA S LOW<br>184 EAST AVE B<br>WENDELL ID 83355<br>USA | BRIANA LOW<br>184 EAST AVE B<br>WENDELL ID 83355<br><br>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 | BRIANA LOW | 184 EAST AVE B | WENDELL | ID | USA | 83355 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 71083** | Signature: Briana Low | Date: 04/14/2010 |
| | Name (type or print): Briana Low | Title: Manager |

Processed 04/14/2010

* Electronically provided signatures are accepted as original signatures.