No. <b>W 133956</b> Return to:		Due no later than Feb 28, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  IDAHO FALLS MASSAGE L.L.C.  MICHELLE FLETCHER  477 SHOUP AVE  SUITE 106  IDAHO FALLS ID 83402			2. Registered Agent and Address (NO PO BOX)  MICHELLE FLETCHER 796 SATURN AVE IDAHO FALLS ID 83402-8340  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companie	es: Enter Nar	nes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	MICHELLE A	FLETCHER	796		IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michelle fletcher			Date: 04/13/2018			
W 133956		Name (type or print): Michelle fletcher			Title: Manager			
Processed 04/13/2018 * Electronically provided signatures are accepted as original signatures.								