No. W 76650 Return to:		e no later than Aug 31, 2013 Annual Report Form		Registered Agent and Address (NO PO BOX) KRISTOFF SAURETTE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KS MASSAGE, KRISTOFF SAI 18178 W RIVE	1. Mailing Address: Correct in this box if needed. KS MASSAGE, LLC KRISTOFF SAURETTE 18178 W RIVERVIEW DR POST FALLS ID 83854		18178 W RIVERVIEW DR POST FALLS ID 83854 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Ent	er Names and Addresse	s of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MANAGER KRIST(OFF J SAURETTE	18178 W RIVERVIEW DR.	POST FALLS	ID	USA	83854		
5. Organized Under the Laws of:	6. Annual Report	6. Annual Report must be signed.*						
ID	Signature: Kris	Signature: Kristoff J Saurette			Date: 06/14/2013			
W 76650	Name (type or	Name (type or print): Kristoff J Saurette			Title: Owner			
Processed 06/14/2013	* Electronically pr	* Electronically provided signatures are accepted as original signatures.						