

No. <b>W 109517</b>		<b>Due no later than Dec 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SERENITY IN MOTION MASSAGE THERAPY LLC TERRI-ANNA OLLIVIERRE PO BOX 191134 BOISE ID 83719		TERRI-ANNA OLLIVIERRE 4885 S WHITMORE WAY BOISE ID 83709			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name TERRI-ANNA OLLIVIERRE	Street or PO Address 4885 S WHITMORE WAY		City BOISE	State ID	Country USA	Postal Code 83709
5. Organized Under the Laws of:  <b>ID</b> <b>W 109517</b>		6. Annual Report must be signed.*  Signature: TAO Name (type or print): TAO  Date: 11/01/2016 Title: Owner/Manager					
Processed 11/01/2016 * Electronically provided signatures are accepted as original signatures.							