MASSAGE ESTABLISHMENT
MASSAGE THERAPIST CHANGE FORM

LOCATION OF ESTABLISHMENT _______________________________________

ESTABLISHMENT NAME _____________________________________________

ESTABLISHMENT LICENSE # _________________________________________

The Mesa City Code Section 5-12-9 states that a Massage Establishment must notify the City of Mesa in writing with the names and license numbers of each licensed massage therapist.

Addition of Massage Therapist(s):

<table>
<thead>
<tr>
<th>Massage Therapist Name</th>
<th>State License Number</th>
<th>License Expiration Date</th>
<th>Effective Date</th>
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Termination of Massage Therapist(s):

<table>
<thead>
<tr>
<th>Massage Therapist Name</th>
<th>State License Number</th>
<th>Effective Date</th>
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Signature of Owner/Manager ___________________________ Date ________________________

March 7, 2010

Licensing Office
55 North Center Street
PO Box 1466
Mesa Arizona 85211-1466
(480) 644-2316 Tel
(480) 644-3999 Fax