

# NEVADA STATE BOARD OF MASSAGE THERAPY

## AGENDA ACTION SHEET

**TITLE:** Application Review (Education and Administrative)

**MEETING DATE:** March 31, 2021

**APPLICANT:** Joanna W. Tucker  
**REVIEW UNDER:** NRS 640C.700

### BACKGROUND INFORMATION:

Ms. Tucker's massage application is before you today due to potential criminal history that could not be approved administratively. Ms. Tucker was previously licensed with NSBMT. Her license was revoked due to the Federation of State Massage Therapy Boards (FSMTB) invalidating Ms. Tucker's exam results. During an inspection at the location where Ms. Tucker is currently employed, the phone she answered was for a phone number that was posted on adultlook.com and reno.backpage.com. These illicit websites are escort service providers that feature ads with women in lingerie across the United States. Staff's recommendation is to deny this application based on NRS.640C.700(6) & (9).

### ACTION:

- ☐ Approved  
☐ Probation

- ☐ Denied – NRS 640C.\_\_\_\_\_  
☐ Tabled

### PROBATION CONDITIONS: Per NRS 640C.710 Options for Respondent:

<input type="checkbox"/> A. Report all contact with law enforcement personnel within 48 hours after such contact occurs.	<input type="checkbox"/> B. Refrain from providing outcall services.
<input type="checkbox"/> C. Submit employment offers to the staff of the Board for review and approval.	<input type="checkbox"/> D. Submit to a random drug test at respondent's expense.
<input type="checkbox"/> E. Complete an ethics course within 90 calendar days of licensure.	<input type="checkbox"/> F. Submit to the Board a complete set of Fingerprints bi-annually/annually at licensee's expense.
<input type="checkbox"/> G. Take any other action that the Board deems appropriate -	

### Required for Respondent:

Cooperate fully with Board staff to administer term of probation.	Responsible for all administrative fees incurred by the Board as a result of their probation compliance
Attend Probation Orientation	Comply with all laws governing massage therapy
Notify any change in address, phone number, establishment or employment to the Board office within 10 calendar days per NAC.640C.085(3)	Take any combination of the actions set forth in paragraphs (a) through (g), inclusive.



# Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

**Application:** License Application  
**Application Number:** OL201118115938

**Fee:** \$30.00

## APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 550 hours? : ☒ Yes ☐ No
2. Did you take and pass the National Exam (NESL, NCEITM, NCETMB, MBLEX, IASI, ITEC, ARCB, IIR and NCBTMB-R)? : ☒ Yes ☐ No

## Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE -- no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

**Application Type :** ☒ Massage Therapist ☐ Structural Integration ☐ Reflexology

**Applicant Name**

**Last Name :** TUCKER  
**First Name :** JOANNA  
**Middle Name :** W.



List all legal names previously or currently being used by you :

**Other Name**

SHENHONG WANG

NONE

**Mailing address :**

**Street :**

**City :**

**State :**

**Zip :**

**Residence address (if different than the mailing address) :** ☐ Same as mailing address

**Street :**

**City :**

**State :**

**Zip :**

**Social Security Number :**

**Place of Birth :** china

**Date of Birth :**

**Gender :** ☐ Male ☒ Female

**Home/Cell Phone :**

**Indicate the appropriate selection; which address you would prefer to be public knowledge.**

☐ Home ☒ Mailing ☐ Business

Do you want to be excluded from the public mailing list? (Select one - You will still receive Board notifications)

☒ Yes ☐ No

## Section 2 : Child Support Information (Pursuant to NRS 640C.430)

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

## Section 3 : Previous Licensure Information

### Previous Licensure :

List all jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology or Structural Integrationist.

☒ Check here if you have never been licensed in any state jurisdiction.

Licensure information is not required because you have checked "Sign off from Local jurisdiction to follow".

## Section 4 : Training and Education

### Training

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
AMO School NV	LAS VEGAS	2016 - 2016	500

### Transcript(s)

Document Name	User Defined Document Name	Document Link
201118115938-141708Transcript.pdf	AMO SCHOOL-TRANSCP	<a href="#">Document Detail</a>

## Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
Ittc	Las Vegas NV	11/07/2020

National Exam Status :

Date Received :

Score Report Received ☒

Document Name	User Defined Document Name	Document Status
201118115938-144643-ScoreReportCard.pdf	ITEC	Pass

## Section 6 : Application Screening Questions

Please review the Information you provided on this page carefully before submitting. Once saved and submitted, this cannot be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

☐ Yes ☒ No

If yes, add the disciplinary actions below.

No record found.

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

☐ Yes ☒ No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

☐ Yes ☒ No

If Yes, please explain in below textbox :

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

☐ Yes ☒ No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

No record found.

## Fingerprint Background Waiver

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by the **Nevada State Board of Massage Therapy** that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 - Procedure to obtain change, correction or updating of identification records.** If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct

the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.  
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

**Last Name :** TUCKER

**First Name :** JOANNA

**Middle Name :** W.

**Street :**

**City :**

**State :**

**Zip :**

**Date :** 1/13/2021

**Submitting Agency :** Nevada State Board of Massage Therapy

**Address :** 1755 E. Plumb Ln. Suite 252,  
Reno, NV 89502

#### VETERAN

The Nevada State Board of Massage Therapy is required by State Law to report veteran information annually. If this section applies to you, please complete the following information.

**Have you ever served in the military:** ☐ Yes ☒ No

**Branch(es) of Service:** (Check all that apply)

- ☐ Army/Army Reserve
- ☐ Marine Corps/Marine Corps Reserve
- ☐ Navy/Navy Reserve
- ☐ Air Force/Air Force Reserve
- ☐ Coast Guard/Coast Guard Reserve
- ☐ National Guard

**Military Occupation Specialty/Specialties:**

**Date(s) of Service:** From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

#### Affidavit of Applicant / Authorization of Release

I, **JOANNA TUCKER** certify that I am the person described and identified in this application; I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for

any crime involving violence, prostitution or any other sexual offense. .

I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : JOANNA TUCKER

Date : 1/13/2021

### Upload

**Have you uploaded a current passport quality photo?**

**Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?**

☒ Yes ☐ No

**Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?**

☒ Yes ☐ No

**Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?**

☒ Yes ☐ No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User	Defined Document Name
Government Issued ID Card	OL201118115938-148234-Government-Issued-ID-Card.pdf		
Certificate of Completion	OL201118115938-148124-Certificate-of-Completion.pdf	AMO SCHOOL-DIPL	
Photo	10737-146696-TUCKER, JOANNA.jpg		
Score Report Card	201118115938-144643-ScoreReportCard.pdf	ITEC	
Transcript	201118115938-141708-Transcript.pdf	AMO SCHOOL-TRANSCP	
Social Security Card	OL201118113237-141332-Social-Security-Card.pdf		
Government Issued ID Card	OL201118113237-141331-Government-Issued-ID-Card.pdf		

### Application Fees

**All fees are non-refundable.**

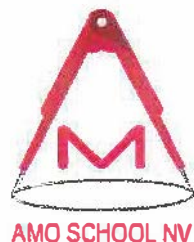
#### Fee Detail(s)

#### Payment Detail(s)

Payment Method:

Amount Paid:





AMO SCHOOL NV  
5115 SPRING MOUNTAIN ROAD #215  
LAS VEGAS NV 89146

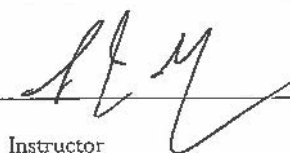
TEL: 702-489-8305 EMAIL: AMOSCHOOLNV@GMAIL.COM  
HTTP://WWW.AMONV.COM



Name: **ShenghongWang** Student ID: 022219


## Official Student Academic Transcript

Tuina Professional Massage Therapist Program 500 Hours				
SUBJECT	HOURS	TEST SCORE	GRADE	DATE
1. Anatomy & Physiology	100	86	B	08/29/2016
2. Traditional Chinese Medicine Oriental Anatomy & Physiology	25	85	B	08/30/2016
3. Massage Theory and History	125	87.5	B	09/12/2016
4. Pathology	40	86	B	09/07/2016
5. Professional Practice & Business Ethics	4 6	92	A	09/06/2016
6. Practicum	200	85	B	09/08/2016
<b>TOTALS</b>	<b>500</b>	<b>86.9</b>	<b>B</b>	09/13/2016

  
Instructor

05/31/2016 - 09/13/2016

Date

  
School Principal

AMO School NV



This Certifies That

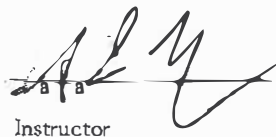
**Shenghong Wang**

Has successfully completed the Program  
**Tuina Professional  
Massage Therapist (500 Hours)**

As Developed by this School  
And having shown proficiency is hereby awarded this

**Diploma**



  
Instructor

05/31/2016 - 09/13/2016

Date

School Principal





128040/2132/128098/129071 Joanna Tucker - E128040

Level 3 Diploma in Holistic Massage (603/4097/6) - 2132 Pass

04/12/2020 AMO Massage School (X500486)





Petition for Name Change  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form N-662

UNITED STATES DISTRICT COURT, DISTRICT OF NEVADA

Information About You (Petitioner)

As part of the naturalization process, you have the opportunity to legally change your name. Please complete Item Number lines 1 – 8. (Type or print clearly.)

1. Full and Correct Name (Current Name)

Given Name (First Name)

Middle Name

Family Name (Last Name)

SHENGHONG

WANG

2. Mailing Address

Street Number and Name

City or Town

State

ZIP Code

3. Country of Citizenship or Nationality

China

4. Date of Birth (mm/dd/yyyy)

5. Alien Registration Number (A-Number)

6. ☒ I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.

7. I petition the court to change my name to:

First Name

Middle Name

Last Name

JOANNA

WANG

TUCKER

8. Signature and Date

Signature of Petition (Use your current name)

shenghong wang

Date (mm/dd/yyyy)

09/04/2018

Certification of Name Change

I certify that the above petition was granted by the court on this date, SEP 14 2018  
(mm/dd/yyyy)

Signature of Clerk

DEBRA K. KEMPI, CLERK

Signature of Deputy Clerk

AUDRA L. DAVIS

Important Information

Your copy of this petition, as a Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per order of the court.



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: [nvmassagebd@state.nv.us](mailto:nvmassagebd@state.nv.us)

Website: <http://massagetherapy.nv.gov>

March 24, 2020

Shenghong Wang

**Re: FSMTB's invalidation of your MBLEx results**

Dear Ms. Wang:

This letter is to inform you that the Federation of State Massage Therapy Boards ("FSMTB") has notified the Nevada State Board of Massage Therapy ("Board") that you have violated their examination policy. As a result, FSMTB invalidated your MBLEx taken on October 16, 2015.

As you are aware, Nevada Revised Statute ("NRS") 640C.400 (replaced by NRS 640C.580) states that in order for the Board to issue you a license, you must "pass a nationally recognized examination for testing the education and professional competency of massage therapists that is approved by the Board." See NRS 640C.580(2)(c). Specifically, Nevada Administrative Code ("NAC") 640.050(1)(b) requires you to pass a national examination related to massage and bodywork. Because FSMTB invalidated your test score, you no longer meet this requirement. Thus, you no longer qualify to hold a massage therapy license in the State of Nevada.

***YOU ARE HEREBY ORDERED TO CEASE AND DESIST ALL BUSINESS RELATED TO YOUR MASSAGE THERAPY LICENSE.*** Please return your license to the Board office at: 1755 E. Plumb LN. Ste 252, Reno, NV 89502, no later than April 13, 2020. When you have met all the requirements to be licensed by the Board in the State of Nevada, you may reapply for licensure.

If you have any questions, please contact our office at (775) 687-9951.

If you have any questions, please email our office at [nvmassagebd@state.nv.us](mailto:nvmassagebd@state.nv.us)

Sincerely,

A handwritten signature in black ink, appearing to read "Sandra Anderson".

Sandra Anderson  
Executive Director  
NSBMT

9489 0090 0027 6226 3399 06

**Please Note: It is a misdemeanor to practice or advertise Massage Therapy without a current valid NSBMT Massage License.**

## Shenghong Wang

- 1) 9.26.2015 MBLEx application received listing school as AMO School (Las Vegas, NV).
- 2) 10.16.2015 Tests and passes MBLEx.
- 3) 10.17.2015 MBLEx result sent to Nevada.
- 4) 7.24.2019 Email inquiry received from Nevada regarding an education discrepancy with Shenghong Wang.
  - a. The transcript provided to Nevada from AMO School for Ms. Wang listed her dates of attendance as 5.31.2016 to 9.13.2016 (candidate took the MBLEx on 10.16.2015).
- 5) 7.25.2019 FSMTB sends letter to Ms. Wang informing her of the discrepancy and requesting for her to provide official verification from AMO School that she had the necessary education for the MBLEx prior to taking the exam.
  - a. Given deadline of 8.25.019 to comply with request.
- 6) 7.29.2019 Transcript received from AMO School for Shenghong Wang listing dates of attendance as 1.11.2016 to 9.13.2016.
- 7) 7.31.2019 Email response received from Shenghong Wang stating that she did not attend school prior to taking the MBLEx, and instead listed the school she was planning to attend on her MBLEx application.
- 8) 9.2019 FSMTB Eligibility Review Panel (ERP) reviews all available information and decides to invalidate Ms. Wang's MBLEx result due to misrepresenting her education to FSMTB and not having the required education for the MBLEx.
  - a. Conditions imposed on Ms. Wang for future MBLEx access are:
    - i. 12 months suspension
    - ii. Provide verification of having the requisite massage therapy education in compliance with FSMTB policies applicable at the time of re-application
    - iii. Payment of an administrative fee in the amount of \$250
    - iv. Comply with all other FSMTB policies at the time of reapplication
    - v. Petition the FSMTB for access to the MBLEx (once all other conditions have been satisfied)
- 9) 9.17.2019 FSMTB informs Ms. Wang of the Invalidation decision.
  - a. Deadline for her to submit an appeal to the decision: 10.18.2019

## Appeal

- 10) 10.7.2019 Appeal and appeal fee received from Ms. Wang.
- 11) 12.6.2019 FSMTB Board of Directors reviews and denies the appeal.
  - a. Decision to invalidate Ms. Wang's MBLEx result is now final.
  - b. Ms. Wang is notified that her appeal was denied.
- 12) 1.21.2020 All states notified of Invalidation.





## Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

Email: [nvmassagebd@lmt.nv.gov](mailto:nvmassagebd@lmt.nv.gov)

Website: <http://massagetherapy.nv.gov>

March 1, 2021

Joanna W. Tucker

Re: Notice of meeting of the Nevada State Board of Massage Therapy to consider your character, alleged misconduct, competence, or physical or mental health.

Dear Ms. Tucker:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence or physical or mental health at its meeting on March 31, 2021. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. Participants can join the meeting via Zoom. The meeting will begin at 9:00 a.m:

Register in advance for this meeting:

<https://zoom.us/j/95421402454?pwd=VlorZlZlaEhaWStWcysOUkEzZGRMUT09>

After registering, you will receive a confirmation email containing information about joining the meeting.

Meeting ID 954 2140 2454

Password 855165

The meeting is a public meeting. You are not required to attend; however, attendance is recommended. Pursuant to NAC 640C.070 your completed investigation results may be discussed. You may choose to have an attorney or other representative of your choosing present during the meeting, present written evidence, provide testimony, present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health. Please be aware you are one of many agenda items, and the Board may take items out of order. The meeting may last until 4:30 p.m.

If the Board determines it necessary, after considering your character, alleged misconduct, professional competence, or physical or mental health whether in a closed meeting or open meeting, it may take administrative action against you at this meeting. This informational statement is in lieu of any notice that may be required pursuant to NRS 241.034. This notice is provided to you under NRS 241.033.

In the event you need an interpreter, please provide one at your own expense.

If you have any questions, please feel free to contact the office at (775) 687-9955.

Sincerely,

*Sandra J. Anderson*  
Sandra J. Anderson  
Executive Director

9489 0090 0027 6265 6251 76

ORIGINAL

5

♥♥ On this cold bleak night, please come to our warm parlour at 55 Savells, near downtown casinos ♥♥

- Reno, NV
- [reno.backpage.com](http://reno.backpage.com),

copy

7:05pm Dec 29, 2017 PST

TAG AD

20

post id:38727442

On this cold and bleak day, please come to our warm, comfortable parlour, experienced relaxation massage technicians. Please call 20

profile: 3929592

♥♥♥♥ It's a Boring Day but we can do something Interesting! 20♥4  
Hands available♥♥

I'm a Polite, Sweet Chinese Girl,a massager, I will give you 5 star level of pampering, I promise our session will be amazing! Open 9am-11pm

- Hide Details

Massage Parlor

post ids 40477572

first 10:07am Feb 13, 2018 PST

posted

last

posted 7:22pm Apr 5, 2018 PDT

phones 120

emails -

location Reno, NV

Next to DTown casinos @ 2nd and S wells, Reno

reno.backpage.com

url

copy

Profile #60749169

Seen in 2 locations

54 ads

Profile: 60749169

♥♥♥♥♥♥On This Warm Spring Night,Come here, Our abeauties are for waiting for you  
♥♥♥♥♥♥

On this warm spring night, please come to our parlour,Our massagers will take away your sore,  
your pain, and your loneless! Cell: 720

- Hide Details

TAG AD

postads 42538007

first posted 12:03amaApr 5, 2018 PDT

last posted 12:07am Apr 6, 2018 PDT

phones 20

emails -

location Reno, NV  
Next to Downtown Casinos@2nd & S wells S, Reno

url

Profile #3662848

Seen in 2 locations

49 ads

profile: 3662848



Lavender massage

- Reno, NV
- [www.adultlook.com/p/2753784](http://www.adultlook.com/p/2753784)

copy

11:45am Jun 8, 2018 PDT

TAG AD

... 20

post id:2753784

On this warm spring night, please come to our parlour, Our massagers will take away your sore,  
your pain, and your loneliness! Cell: 20 ; Contact: 20

... 20  
total: 100 ads from 6 different profiles

profile: 3505122

2

♥♥♥♥♥ Come, Relax, unwind and Treat Yourself An Amazing Experience with Our  
Girls In Lavender Tour ♥♥

- Reno, NV
- [reno.backpage.com/](http://reno.backpage.com/)

copy

11:50am Apr 6, 2018 PDT

TAGaAD

20  
post id:39271967

♥ Let's Enjoy An Amazing Experience In Lavender Tour. A Snow Cottage, Warm Parlour  
Warm Cots, Great Love Music. Near DTown Casino ♥ 20

Profile: 61542130  
no photos  
no connection

6

♥ Come, Relax, unwind and Treat Yourself An Amazing Experience with Our Girls In Lavender Tour ♥ ♥

- Reno, NV
- [reno.backpage.com/](http://reno.backpage.com/)

copy

2:14pm Feb 9, 2018 PST

TAGaAD

20

post id:39271967

♥ Let's Enjoy An Amazing Experience In Lavender Tour. A Snow Cottage, Warm Parlour  
Warm Cots, Great Love Music. Near DTown Casino ♥ 20

no photos

Profile: 61672168























