

No. W 80383		Due no later than Jan 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SOAK N SLEEP CENTERS LLC MICHAEL R DAVIO 8107 W CANTERBURY CT BOISE ID 83704		MICHAEL R DAVIO 8107 W CANTERBURY CT BOISE ID 83704			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	MICHAEL R DAVIO	8107 W. CANTERBURY CT	BOISE	ID	USA	83704-5768	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 80383		Signature: Michael Davio				Date: 11/26/2010	
		Name (type or print): Michael Davio				Title: Member	
Processed 11/26/2010		* Electronically provided signatures are accepted as original signatures.					