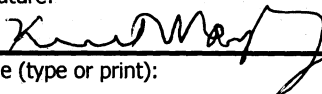


<b>No. W 36563</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/10/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> KURT MAYBERRY 1343 S MORNINGSID DR REXBURG ID 83440
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> SAGE DAY SPA, LLC KURT MAYBERRY 859 S YELLOWSTONE HWY #902 REXBURG ID 83440		3. <u>New</u> Registered Agent Signature.
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.
 

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kurt Mayberry	1343 S. Morningside Dr	Reburg	ID	USA	83440
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kurt Mayberry	1343 S. Morningside Dr	Reburg	ID	USA	83440
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 36563</div>	6. Signature: <div style="text-align: center;">  </div> Date: <u>3-4-17</u> Name (type or print): <u>Kurt Mayberry</u> Title: <u>manager</u>
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