

No. J 1288

Due no later than April 30, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ON THE SPOT BODY TRANSFORMATION
619 E STATE ST
EAGLE, ID 83616DESIREE KLONOWSKI
619 E STATE ST
EAGLE, ID 83616NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|------------------------------|----------------------|-------------------------------|-------------|--------------|------------|
| manager/ member/ owner | Desiree Klonowski | 619 E. State St. | Eagle | Idaho | 83616 |

5. Organized Under the Laws of:

IDAHO
J 1288

6.

Signature

Name (Typed or Printed)

Desiree Klonowski

Date

2/29/08
manager/owner
member

Title