No. W 81222	Due no later than Feb 28, 2015		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		CONTROL OF THE PROPERTY OF	SADIE WOLFLEY			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		N	205 ARAVE LANE BLACKFOOT 83221			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	RETREAT DAY SPA & SALON, LLC SADIE R WOLFLEY 1489 CURLEW DR						
	IDAHO FALLS ID 83406		3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF USA RECEIVED BY DUE DATE							
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 CASSANDRA	R GOODMAN	255 N STOUT	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	ID Signature: Sadie Lish		Date: 01/02/2015				
W 81222	Name (type or print): Sadie Lish		-	Title: Co-Owner			
Processed 01/02/2015	* Electronically provided signatures are accepted as original signatures.						