| Sec. (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 ( |                                                     | no later than Jun 30, 2006                                                                                                                               | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX)                 |                  |             |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------|------------------|-------------|--|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1. Mailing Addi<br>SNAKE RIVER SPA<br>MATTHEW GLENI | Annual Report Form  1. Mailing Address: Correct in this box if needed.  SNAKE RIVER SPAS, LLC MATTHEW GLENN BENNETT 2994 S. 25TH E. IDAHO FALLS ID 83404 |                  | MATTHEW GLENN BENNETT 2214 DAVIDSON DR IDAHO FALLS ID 83401 |                  |             |  |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | IDAHO FALLS ID                                      |                                                                                                                                                          |                  | 3. <u>New</u> Registered Agent Signature:*                  |                  |             |  |  |
| 4. Limited Liability Companies: Er                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nter Names and Addresses o                          | f at least one Member or Manager.                                                                                                                        |                  |                                                             |                  |             |  |  |
| Office Held Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2                                                   | Street or PO Address                                                                                                                                     | City             | State                                                       | Country          | Postal Code |  |  |
| MANAGER MATTHEW GLENN BENNETT 2214 DAVIDSON DR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     | 2214 DAVIDSON DR                                                                                                                                         | IDAHO FALLS      | ID                                                          |                  | 83401       |  |  |
| 5. Organized Under the Laws of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6. Annual Report mu                                 | 6. Annual Report must be signed.*                                                                                                                        |                  |                                                             |                  |             |  |  |
| GEORGIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Signature: Matthe                                   | Signature: Matthew Glenn Bennett                                                                                                                         |                  |                                                             | Date: 07/25/2006 |             |  |  |
| W 39881                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name (type or pr                                    | Name (type or print): Matthew Glenn Bennett                                                                                                              |                  |                                                             | Title: Manager   |             |  |  |
| Processed 07/25/2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | * Electronically provi                              | * Electronically provided signatures are accepted as original signatures.                                                                                |                  |                                                             |                  |             |  |  |