

No. W 51840	Due no later than Jun 30, 2014 Annual Report Form		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.		DANIELLE FALTER 95 N SPRUCE ST BLACKFOOT ID 83221			
	SERENITY DAY SPA, LLC DANIELLE FALTER 95 N SPRUCE ST BLACKFOOT ID 83221		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
MANAGER	DANIELLE BLASER	326 N 300 E	BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of: ID W 51840		6. Annual Report must be signed.* Signature: Danielle Falter Name (type or print): Danielle Falter		Date: 04/17/2014 Title: Owner		
Processed 04/17/2014		* Electronically provided signatures are accepted as original signatures.				