No. <b>W 70318</b>		Due no later than Jan 31, 2013		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		No. 200700-20070-0-10070-0-10-10-10-10-10-10-10-10-10-10-10-10-	SUSAN H SPENCER 10790 W LAGRANGE ST BOISE ID 83709  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  TRANQUILITY HEALTH SPA, L.L.C. SUSAN H SPENCER 10790 W LAGRANGE ST BOISE ID 83709						
				3. <u>New</u> Registe				
NO FILING FEE IF 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	
MANAGER SUSAN H SI		PENCER	10790 LAGRANGE ST	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Si		Date: 11/15/2012				
W 70318		Name (type o		Title: Manager				
Processed 11/15/2012 * Electronically provided signatures are accepted as original signatures.								