

No. W 51840		Due no later than Jun 30, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SERENITY DAY SPA, LLC DANIELLE FALTER PO BOX 934 BLACKFOOT ID 83221		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	598 N HIGHWAY 91	FIRTH	ID	USA	83236	
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: 04/15/2009 Title: Owner					
Processed 04/15/2009		* Electronically provided signatures are accepted as original signatures.					