

No. <b>W 79824</b>		<b>Due no later than Dec 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  BOISE RIVER DAY SPA, LLC JOHN P KNIPE 860 BEACON BOISE ID 83706 USA		JOHN KNIPE 860 BEACON BOISE ID 83706			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JOHN P KNIPE	Street or PO Address PO BOX 986		City BOISE	State ID	Country USA	Postal Code 83701
5. Organized Under the Laws of:  <b>ID</b> <b>W 79824</b>		6. Annual Report must be signed.*  Signature: John Knipe Name (type or print): John Knipe  Date: 12/30/2011 Title: Member					
Processed 12/30/2011      * Electronically provided signatures are accepted as original signatures.							