

No. W 70318	Due no later than Jan 31, 2017 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. TRANQUILITY HEALTH SPA, L.L.C. SUSAN H SPENCER 10790 W LAGRANGE ST BOISE ID 83709		SUSAN H SPENCER 10790 W LAGRANGE ST BOISE ID 83709			
			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	SUSAN H SPENCER	10790 LAGRANGE ST	BOISE	ID		83709
5. Organized Under the Laws of: ID W 70318	6. Annual Report must be signed.* Signature: Susan H Spencer Name (type or print): Susan H Spencer		Date: 12/19/2016 Title: manager			
Processed 12/19/2016		* Electronically provided signatures are accepted as original signatures.				