

No. W 79824		Due no later than Dec 31, 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		1. Mailing Address: Correct in this box if needed. BOISE RIVER DAY SPA, LLC JOHN P KNIPE 860 BEACON BOISE ID 83706 USA		JOHN KNIPE 860 BEACON BOISE 83706			
NO FILING FEE IF RECEIVED BY DUE DATE				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: ID W 79824		6. Annual Report must be signed.* Signature: John Knipe Name (type or print): John Knipe Date: 12/30/2014 Title: Member					
Processed 12/30/2014 * Electronically provided signatures are accepted as original signatures.							