

No. W 70123

Due no later than January 31, 2009
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

COSI BELLA MEDICAL SPA, PLLC
TONY C ROISUM
7955 S BLACK HAWK DR
IDAHO FALLS, ID 83406

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IDAHO FALLS, ID 83406

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
manager	Shellie Roisum	7955 So. Blackhawk Dr.	Idaho Fall	ID	83406
manager	Tony Roisum	7955 So. Blackhawk Dr.	Idaho Falls	ID	83406

5. Organized Under the Laws of:
IDAHO
W 70123

6. Signature Shellie Roisum Date 11-13-08
Name (Typed or Printed) Shellie Roisum Title Manager