

No. W 65361	Due no later than August 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX TRICIA CALLIES 2563 FIVE MILE BOISE, ID 83709												
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 SUGARS DAY SPA, LLC 2563 FIVE MILE BOISE, ID 83709		3. <u>New</u> Registered Agent Signature												
NO FILING FEE IF RECEIVED BY DUE DATE															
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Managing Member</td> <td>Tricia Callies</td> <td>2563 S. Five Mile Rd.</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Managing Member	Tricia Callies	2563 S. Five Mile Rd.	Boise	ID	83709
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Managing Member	Tricia Callies	2563 S. Five Mile Rd.	Boise	ID	83709										
5. Organized Under the Laws of: IDAHO W 65361	6. Signature <u>[Signature]</u> Name (Typed or Printed) <u>TRICIA CALLIES</u>			Date <u>6/26/08</u> Title <u>Managing Member</u>											

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