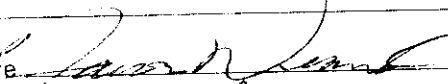


No. W 29092	Due no later than March 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable RENU MEDISPA, L.L.C. 951 E PLAZA DR STE 170 EAGLE, ID 83616		TAWNIE WEAVER 951 E PLAZA DR STE 170 EAGLE, ID 83616 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <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>Tawnie Weaver</td> <td>10005 Island Glen Way</td> <td>Eagle</td> <td>ID</td> <td>83616</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	Tawnie Weaver	10005 Island Glen Way	Eagle	ID	83616
<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	Tawnie Weaver	10005 Island Glen Way	Eagle	ID	83616										
5. Organized Under the Laws of: IDAHO W 29092	6. Signature  Date <u>4/10/05</u> Name (Typed or Printed) <u>Tawnie Weaver</u> Title <u>owner</u>														

Issued 01/03/2005

Do Not Tape or Staple

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