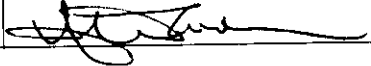
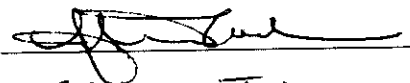


No. W 29890	Due no later than April 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX GREGORY J EHART 1000 RIVERWALK DR STE 175 IDAHO FALLS, ID 83402 CANDIS TWEDE 1035 LOWELL DR IDAHO FALLS, ID 83402																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable DECK-IT SPAS, LLC 1035 LOWELL DR IDAHO FALLS, ID 83402		3. New Registered Agent Signature 																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>CANDIS TWEDE</td> <td>1035 LOWELL DR.</td> <td>IDAHO FALLS,</td> <td>ID</td> <td>83402</td> </tr> <tr> <td>MANAGER</td> <td>BRIAN TWEDE</td> <td>SAME</td> <td></td> <td></td> <td></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>	MANAGER	CANDIS TWEDE	1035 LOWELL DR.	IDAHO FALLS,	ID	83402	MANAGER	BRIAN TWEDE	SAME			
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MANAGER	BRIAN TWEDE	SAME																			
5. Organized Under the Laws of: IDAHO W 29890		6. Signature  Date 3-24-06 Name (Typed or Printed) CANDIS TWEDE Title MANAGER																			