

No. <b>W 31650</b>	Due no later than Jul 31, 2012 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MYONG C SONG 619 N ORCHARD BOISE ID 83706																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. PEACH SPA LLC 619 N ORCHARD BOISE ID 83706		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>OWNER/MEMBER.</td> <td>MYONG C SONG</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>617N, Orchard St #B</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>Boise ID 83706</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	OWNER/MEMBER.	MYONG C SONG					Manager <input type="checkbox"/> Member <input type="checkbox"/>		617N, Orchard St #B					Manager <input type="checkbox"/> Member <input type="checkbox"/>		Boise ID 83706					Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 31650</b>	6. Signature: <u>myong c song</u> Date: <u>5-12-2012</u> Name (type or print): <u>MYONG C SONG</u> Title: <u>MEMBER</u>																																					

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**