No. **W 70318**	**Due no later than Jan 31, 2012**	2. Registered Agent and Address **(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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** TRANQUILITY HEALTH SPA, L.L.C. SUSAN H SPENCER 10790 W LAGRANGE ST BOISE ID 83709	SUSAN H SPENCER 10790 W LAGRANGE ST BOISE ID 83709 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	SUSAN H SPENCER	10790 W LAGRANGE ST	BOISE	ID	USA	83709

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 70318**	Signature: Susan H Spencer	Date: 11/29/2011
	Name (type or print): Susan H Spencer	Title: Manager

Processed 11/29/2011

* Electronically provided signatures are accepted as original signatures.