

No. W 21797	Due no later than Dec 31, 2013 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. ANDRA'S PRO SPA SERVICE, LLC TIMOTHY D ANDRA 11294 W BLUECANYON ST BOISE ID 83713		TIM ANDRA 11294 W BLUECANYON ST BOISE ID 83713			
			3. <u>New</u> 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	TIM ANDRA	11294 W BLUECANYON ST	BOISE	ID	USA	83713
MANAGER	DIANE ANDRA	11294 W BLUECANYON ST	BOISE	ID	USA	83713
5. Organized Under the Laws of: ID W 21797	6. Annual Report must be signed.* Signature: Tim Andra Name (type or print): Tim Andra		Date: 01/13/2014 Title: Owner			
Processed 01/13/2014		* Electronically provided signatures are accepted as original signatures.				