

No. W 70318	Due no later than January 31, 2009 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable TRANQUILITY HEALTH SPA, L.L.C. SUSAN H SPENCER 1365 N ORCHARD ST STE 110 BOISE, ID 83706	SUSAN H SPENCER 1365 N ORCHARD ST STE 110 BOISE, ID 83706
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	SUSAN SPENCER	10790 WAGGRANGE ST	Boise	ID	83709

5. Organized Under the Laws of:

IDAHO
W 70318

6.	<u>Signature</u>	<u>Date</u>
Name	<u>SUSAN H. SPENCER</u>	<u>12/15/08</u>
(Type or Printed)		Title <u>MANAGER</u>

Issued 11/05/2008

Do Not Tape or Staple

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