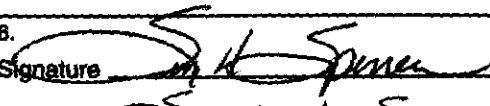


<b>No. W 70318</b>  <b>Return to:</b> SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than January 31, 2009</b> <b>Annual Report Form</b> <b>1. Mailing Address - Correct in this box, if applicable</b>  TRANQUILITY HEALTH SPA, L.L.C. SUSAN H SPENCER 1365 N ORCHARD ST STE 110 BOISE, ID 83706	<b>2. Registered Agent and Office NO PO BOX</b>  SUSAN H SPENCER 1365 N ORCHARD ST STE 110 BOISE, ID 83706  <b>3. New Registered Agent Signature</b>												
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers.</b>  <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>Susan Spencer</td> <td>10790 WAGGARD St</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	Susan Spencer	10790 WAGGARD St	Boise	ID	83709
Office held	Name	Street or P.O. Address	City	State	Zip									
MANAGER	Susan Spencer	10790 WAGGARD St	Boise	ID	83709									
<b>5. Organized Under the Laws of:</b>  IDAHO W 70318	<b>6.</b> Signature  Date <u>12/15/08</u> Name (Typed or Printed) <u>SUSAN H. SPENCER</u> Title <u>MANAGER</u>													

Issued 11/05/2008

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