No. W 78873		Due no later than Nov 30, 2011 2. Registered Agent and Address (NO PO BO) Applied Person					
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. A NEW LEAF DAY SPA, L.L.C. PAIGE L LEWIS 654 E 49TH S IDAHO FALLS ID 83404	654 E 49TH S IDAHO FALLS	PAIGE L LEWIS 654 E 49TH S IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	PAIGE L LEV	NIS 654 EAST 49TH SOUTH	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Paige I. Lewis	Date: 10/10/2011				
W 78873		Name (type or print): Paige I. Lewis	Title: Manager				
* Electronically provided signatures are accepted as original signatures.							