No. W 156903		Due no later than Oct 31, 2018	2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	LISA LARSEN 206 THURSTON AVE POCATELLO ID 83201 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SWEET PARADISE BATH & BODY LLC LISA LARSEN 206 THURSTON AVE POCATELLO ID 83201					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	anies: Enter Nar	nes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER LISA LARSE		N 206	POC	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Lisa Larsen	Date: 09/25/2018				
W 156903		Name (type or print): Lisa Larsen	Title: President				
Processed 09/25/2018 * Electronically provided signatures are accepted as original signatures.							