No. C 162369		Due	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. COLDWATER CREEK THE SPA INC. MONA TAX DEPT ONE COLDWATER CREEK DR SANDPOINT ID 83864		FORD ELSAESSER 102 S EUCLID STE 307 SANDPOINT ID 83864 3. New Registered Agent Signature:*											
								4. Corporations: Enter	Names and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasure	er (optional).			
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
SECRETARY PRESIDENT	L MICHELLE CARLONE JOSEPH GRAVITT		ONE COLDWATER CREEK DRIVE ONE COLDWATER CREEK DRIVE	SANDPOINT SANDPOINT	ID ID	USA USA	83864 83864								
5. Organized Under the Laws of:		6. Annual Report r	nust be signed.*												
ID		Signature: L Mic	Date: 07/17/2009												
C 162369		Name (type or p	Title: Secretary												
C 1023															