

No. <b>W 70318</b>	<b>Due no later than Jan 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> TRANQUILITY HEALTH SPA, L.L.C. SUSAN H SPENCER 10790 W LAGRANGE ST BOISE ID 83709		SUSAN H SPENCER 10790 W LAGRANGE ST BOISE ID 83709			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	SUSAN H SPENCER	10790 LAGRANGE ST	BOISE	ID		83709
5. Organized Under the Laws of:  <b>ID W 70318</b>	6. Annual Report must be signed.* Signature: Susan H Spencer Name (type or print): Susan H Spencer		Date: 01/04/2016 Title: manager			
Processed 01/04/2016		* Electronically provided signatures are accepted as original signatures.				