No. <b>W 51840</b> Return to:		Due no later than Jun 30, 2013 Annual Report Form		2	2. Registered Agent and Address (NO PO BOX)  DANIELLE FALTER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SERENITY DAY SPA, LLC  DANIELLE FALTER  326 N 300 E  BLACKFOOT ID 83221			95 N SPRUCE ST BLACKFOOT ID 83221  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	ER DANIELLE FALTER		598 N HIGHWAY 91		FIRTH	ID	USA	83236
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Dani Falter			Date: 04/30/2013			
W 51840		Name (type or print): Dani Falter			Title: Owner			
Processed 04/30/2013 * Electronically provided signatures are accepted as original signatures.								