

No. W 78873	Due no later than Nov 30, 2010 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		PAIGE L LEWIS 654 E 49TH S IDAHO FALLS ID 83404			
	A NEW LEAF DAY SPA, L.L.C. PAIGE L LEWIS 654 E 49TH S IDAHO FALLS ID 83404		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	PAIGE L LEWIS	654 EAST 49TH SOUTH	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID W 78873		6. Annual Report must be signed.* Signature: Paige L Lewis Name (type or print): Paige L Lewis Date: 09/12/2010 Title: Manager				
Processed 09/12/2010		* Electronically provided signatures are accepted as original signatures.				