| No. C 162369 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Due | Registered Agent and Address (NO PO BOX) CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA 3. New Registered Agent Signature:* | | | | |
|--|---|---|---|--|----------------------|--------------------------|----------------------------------|
| | | 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 | | | | | |
| 4. Corporations: Enter N | Names and Busine | ess Addresses of Pr | esident, Secretary, and Directors. Treasu | er (optional). | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| TREASURER TREASURER PRESIDENT SECRETARY | JOHN E HAY L MICHELLE JAMES BELL VINCENT G | CARLONE | ONE COLDWATER CREEK DRIVE ONE COLDWATER CREEK DRIVE ONE COLDWATER CREEK DRIVE ONE COLDWATER CREEK DRIVE | SANDPOINT SANDPOINT SANDPOINT SANDPOINT | ID ID ID ID | USA USA USA USA | 83864 83864 83864 83864 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 162369 | | Signature: L Michelle Carlone Name (type or print): L Michelle Carlone | | Date: 07/13/2012 Title: Assistant Treasurer | | | |
| Processed 07/13/2012 | | . ,, | vided signatures are accepted as original: | 11000,00000 000000 000000 | | | |