

No. W 18117	Due no later than February 29, 2004		2. Registered Agent and Office 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 applicable		KATHY BENNETT 923 GRANT ST CALDWELL, ID 83605												
	OASIS DAY SPA AND WELLNESS CENTER, KATHY BENNETT 923 GRANT ST CALDWELL, ID 83605														
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>Mg. Member Kathy Bennett</td> <td>923 Grant St.</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip		Mg. Member Kathy Bennett	923 Grant St.	Caldwell	ID	83605
Office held	Name	Street or P.O. Address	City	State	Zip										
	Mg. Member Kathy Bennett	923 Grant St.	Caldwell	ID	83605										
5. Organized Under the Laws of: IDAHO W 18117	6. Signature <u>Kathy R Bennett</u> Date <u>2/26/04</u> Name (Typed or Printed) <u>Kathy R. Bennett</u> Title <u>Owner</u>														