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| No. W 78873 | Due no later than Nov 30, 2013 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: 11/04/2013 Title: Manager | | | | |
| Processed 11/04/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | |