

No. W 81222		Due no later than Feb 29, 2012 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		1. Mailing Address: Correct in this box if needed. RETREAT DAY SPA & SALON, LLC SADIE R WOLFLEY 1489 CURLEW DR IDAHO FALLS ID 83406 USA		SADIE WOLFLEY 205 ARAVE LANE BLACKFOOT ID 83221			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name CASSANDRA R GOODMAN	Street or PO Address 255 N STOUT		City BLACKFOOT	State ID	Country USA	Postal Code 83221
5. Organized Under the Laws of: ID W 81222		6. Annual Report must be signed.* Signature: Sadie Wolfley Name (type or print): Sadie Wolfley Date: 12/09/2011 Title: Owner					
Processed 12/09/2011 * Electronically provided signatures are accepted as original signatures.							