

No. W 81222		Due no later than Feb 29, 2012		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		Annual Report Form 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	
				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
MEMBER	CASSANDRA R GOODMAN	255 N STOUT	BLACKFOOT	ID	USA 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.			