

No. W 51840		Due no later than Jun 30, 2010		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. SERENITY DAY SPA, LLC DANIELLE FALTER PO BOX 934 BLACKFOOT ID 83221		DANIELLE FALTER 95 N SPRUCE ST 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
MANAGER	DANIELLE BLASER	136 E 400 N	BLACKFOOT	ID	USA 83221
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 51840		Signature: Danielle Falter Name (type or print): Danielle Falter		Date: 04/10/2010 Title: Owner	
Processed 04/10/2010		* Electronically provided signatures are accepted as original signatures.			