

No. W 75315	Due no later than Jun 30, 2013 Annual Report Form			2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> LYNN WITHERSPOON 490 S 100 W JEROME ID 83338		
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  LYNN'S HAIR STATION, LLC 490 S 100 W JEROME ID 83338			3. <u>New</u> Registered Agent Signature.		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name <u>LYNN WITHERSPOON</u>	Street or PO Address <u>490 S, 100 W</u>	City <u>JEROME</u>	State <u>Idaho</u>	Country <u>Jerome</u>	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<u>Joe Wither spoon</u> <u>490 S, 100 W</u> <u>Jerome</u> <u>Idaho</u> <u>Jerome</u>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of:  IDAHO W 75315		6. Signature: <u>Lynn W. Wither spoon</u> Name (type or print): <u>LYNN W. WITHERSPOON</u>				
		Date: <u>5-13-13</u> Title: <u>owner</u>				

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