

No. W 105463		Due no later than Aug 31, 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		KIMBERLY DUGGER 407 MAIN ST LEWISTON ID 83501			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		MOXIE SALON LLC. KIMBERLY DUGGER 407 MAIN ST LEWISTON ID 83501					
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	KARRIE A SCHILLING	1003 10TH AVE	LEWISTON	ID	USA	83501	
MANAGER	MICHELLE L REEL	13726 W. 1ST AVE	OROFINO	ID	USA	83544	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 105463		Signature: Kimberly Dugger				Date: 09/12/2012	
		Name (type or print): Kimberly Dugger				Title: Owner	
Processed 09/12/2012		* Electronically provided signatures are accepted as original signatures.					