

No. W 105463		Due no later than Aug 31, 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. MOXIE SALON LLC. KIMBERLY DUGGER 407 MAIN ST LEWISTON ID 83501		KIMBERLY DUGGER 407 MAIN ST LEWISTON ID 83501			
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	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: ID W 105463		6. Annual Report must be signed.* Signature: Kimberly Dugger Name (type or print): Kimberly Dugger					
		Date: 09/12/2012 Title: Owner					
Processed 09/12/2012		* Electronically provided signatures are accepted as original signatures.					