

No. W 68395		Due no later than Nov 30, 2014 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. DREAMZ DAY SPA AND SALON, LLC KAE SCHAEFFER 123 EAST 23RD DR BURLEY ID 83318		KAE SCHAEFFER 123 EAST 23RD DR BURLEY 83318			
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
MEMBER	KAE SCHAEFFER	123 EAST 23RD DR		BURLEY	ID	83318	
5. Organized Under the Laws of: ID W 68395		6. Annual Report must be signed.* Signature: Kae Schaeffer Name (type or print): Kae Schaeffer Date: 01/07/2015 Title: owner					
Processed 01/07/2015 * Electronically provided signatures are accepted as original signatures.							