

No. W 63889	Due no later than Jun 30, 2009 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		AUDRA J DELYEA 1051 W SPRINGFIELD DR COEUR D'ALENE ID 83815			
	DIVA BEAUTY & HEALTH, LLC AUDRA DELYEA 1051 W SPRINGFIELD DR COEUR D ALENE ID 83815 USA		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	AUDRA J DELYEA	1051 W SPRINGFIELD DR	COEUR D'ALENE	ID	USA	83815
5. Organized Under the Laws of: ID W 63889		6. Annual Report must be signed.* Signature: Audra Delyea Name (type or print): Audra Delyea Date: 04/27/2009 Title: Owner				
Processed 04/27/2009		* Electronically provided signatures are accepted as original signatures.				