


No. W 154625	Due no later than Aug 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LIBBY SCHULTZ 214 N 10TH ST BOISE ID 83702
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. NATIVE SALON LLC LIBBY SCHULTZ 214 N 10TH ST BOISE ID 83702		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> Libby Schulte 214 N 10th St. Boise ID US 83702			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 154625 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  Name (type or print): <u>Libby Schulte</u> </div> <div> Date: <u>9-11-17</u> Title: _____ </div> </div>	
Issued 09/11/2017 by TLB		110544	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM