| No. C 176484 | | Due no later than Dec 31, 2013 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------|---|---|--|---|---------|-------------|--|
| Return to: | | Annual Report Form | | KARI KNOT | KARI KNOTTS | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. EAGLE SALON, INC. KARI K KNOTTS 547 S FITNESS PL SUITE 100 EAGLE ID 83616 USA | | 547 S FITNESS PL SUITE 100 EAGLE ID 83616 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter N | ames and Busin | ess Addresses of Preside | ent, Secretary, and Directors. Treasure | r (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT KARI K KNOTTS | | 547 S FITNESS PL SUITE 100 | EAGLE | ID | USA | 83616 | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: kari Knotts | | Date: 11/01/2013 | | | | |
| C 176484 | | Name (type or print): kari Knotts | | Title: Owner | | | | |
| Processed 11/01/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |