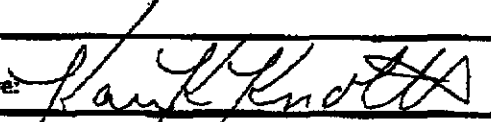
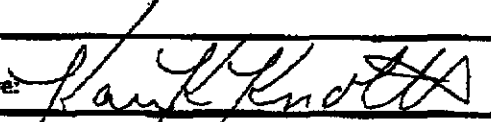
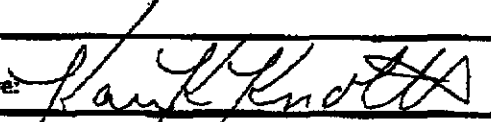


No. W 73263		Due no later than Apr 30, 2011		2. Registered Agent and Office (NOT A.P.O. BOX)															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. EAGLE HAIR FITNESS SALON LLC KARI K KNOTTS PO BOX 1665 EAGLE ID 83616		KARI K KNOTTS 332 S GOLDEN EAGLE EAGLE ID 83616															
				3. New Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																			
<table border="1"><thead><tr><th>Manager or <u>Member</u></th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager Member (circle one)</td><td>KARI K. KNOTTS</td><td>P.O. Box 1665</td><td>Eagle</td><td>ID</td><td>USA</td><td>83616</td></tr></tbody></table>						Manager or <u>Member</u>	Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)	KARI K. KNOTTS	P.O. Box 1665	Eagle	ID	USA	83616
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5. Organized Under the Laws of: IDAHO W 73263		6. <table border="1"><tr><td>Signature: </td><td>Date: 5-20-2011</td></tr><tr><td>Name (type or print): KARI K. KNOTTS</td><td>Title: OWNER</td></tr></table>				Signature: 	Date: 5-20-2011	Name (type or print): KARI K. KNOTTS	Title: OWNER										
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Issued 05/20/2011 by LIC		129834																	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM