

|  |   |  |   |                                  |         |             |
|--|---|--|---|----------------------------------|---------|-------------|
| No. <b>W 26715</b>   | <b>Due no later than Nov 30, 2017</b><br><b>Annual Report Form</b>                            |  | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |                                  |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b>                                     |  | PEGGY RICHARDS<br>3046 FLUME CREEK RD<br>SANDPOINT ID 83864 |                                  |         |             |
|  | DREAMS IN BEAUTY, LTD, CO.<br>PEGGY RICHARDS<br>217 CEDAR ST<br>PMB 258<br>SANDPOINT ID 83864 |  | 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  | PEGGY RICHARDS  | 217 CEDAR ST PMB 258   | SANDPOINT   | ID                               |         | 83864       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 26715</b>   |   | 6. Annual Report must be signed.*<br>Signature: Peggy Richards<br>Name (type or print): Peggy Richards |   | Date: 10/30/2017<br>Title: Owner |         |             |
| Processed 10/30/2017   |   | * Electronically provided signatures are accepted as original signatures.                              |   |                                  |         |             |