No. <b>W 133584</b>		Due no later than Jan 31, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  PERFECTLTY PAMPERED HAIR & NAIL BOUTIQUE LLC TONI ANN VARGAS PO BOX 224		2. Registered Agent and Address (NO PO BOX)				
Return to:				TONI A VARGAS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					436 2ND ST HAZELTON 83335			
		HAZELTON ID 83335			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Nai	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER TONI ANN V		/ARGAS	436 2ND STREET PO BOX 224		HAZELTON	ID	USA	83335
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Toni A Vargas			Date: 01/18/2015			
W 133584		Name (type or print): Toni A Vargas			Title: member			
Processed 01/18/2015 * Electronically provided signatures are accepted as original signatures.								