

No. W 15350	Due no later than May 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ARMA'S BEAUTY LLC R DAVID FIALA PO BOX 5064 TWIN FALLS ID 83303-5064		ARMA BAJRAKTREVIC 616 MADISON ST TWIN FALLS ID 83301			
			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
MEMBER	ARMA BAJRAKTAREVIC	616 MADISON	TWIN FALLS	ID		83301
MEMBER	AMIR BAJRAKTAREVIC	616 MADISON	TWIN FALLS	ID		83301
5. Organized Under the Laws of: ID W 15350	6. Annual Report must be signed.* Signature: ACCOUNTANT Name (type or print): ACCOUNTANT		Date: 04/25/2018 Title: ACCOUNTANT			
Processed 04/25/2018		* Electronically provided signatures are accepted as original signatures.				