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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------|---------------------|
| No. <b>W 126269</b>                                                                                                                                    |                | <b>Due no later than Jun 30, 2018</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><br>CLASSIC NAILS AND HAIR STUDIO LLC<br>AMANDA C BOWEN<br>10969 N DANIELLE ST<br>HAYDEN ID 83835 |               | AMANDA C SCHULTZ<br>10969 N DANIELLE ST<br>HAYDEN ID 83835 |                     |
|                                                                                                                                                        |                |                                                                                                                                                            |               | 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                                                                                                                                                | AMANDA C BOWEN | 10969 N DANIELLE ST                                                                                                                                        | COEUR D ALENE | ID                                                         | USA 83835           |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 126269</b>                                                                                              |                | 6. Annual Report must be signed.*<br>Signature: Amanda c Bowen<br>Name (type or print): Amanda c Bowen<br>Date: 07/19/2018<br>Title: Owner                 |               |                                                            |                     |
| Processed 07/19/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                  |               |                                                            |                     |