No. C 178667	I and the second	
Return to: Annual Report Form	Due no later than May 31, 2009 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) JASON R SHUMWAY
	1. Mailing Address: Correct in this box if needed. N' SPYRED SALON INC.	1155 GOLDEN PHEASANT DR TWIN FALLS ID 83301
		3. <u>New</u> Registered Agent Signature.
Office Held Na	ne Street or PO Address	City State Country Postal Code
We President	street or PO Address on Shumway 1155 trolden Pheat Cassie Shumway	cout Dr
	WISS OPPLIED THESE	sant Dr 10 USA 8550
5. Organized Under the La	ws of: 6. Signature: William	Pauls 10 USX 0000
5. Organized Under the La	ws of: 6. Signature: William	falls 10 USA DOOD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM