No. **W 25509**	**Due no later than Aug 31, 2015** **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.** VISUAL EFFECTS SALON AND SPA, LLC. RACHELLE L ALUMBAUGH 4485 N DRESDEN PL BOISE ID 83714	RACHELLE LYNN ALUMBAUGH 4485 N DRESDEN PL BOISE ID 83714 3. New 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	RACHELLE LYNN ALUMBAUGH	2231 AMETHYST AVE	MERIDIAN	ID		83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 25509**	Signature: Rachelle alumbaugh	Date: 08/18/2015
	Name (type or print): Rachelle alumbaugh	Title: Manager

Processed 08/18/2015

* Electronically provided signatures are accepted as original signatures.