

No. W 75315	Due no later than Jun 30, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LYNN WITHERSPOON 490 S 100 W JEROME ID 83338
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LYNN'S HAIR STATION, LLC 490 S 100 W JEROME ID 83338		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	LYNN Witherspoon	490 S. 100 W.	Jerome	ID	Jerome	83338
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Joe Witherspoon	490 S. 100 W	Jerome	Id.	Jerome	83338
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 75315 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: <u><i>Lynn Witherspoon</i></u> </td> <td style="width: 30%;"> Date: <u>7-30-12</u> </td> </tr> <tr> <td> Name (type or print): <u>LYNN Witherspoon</u> </td> <td> Title: <u>Pres.</u> </td> </tr> </table>	Signature: <u><i>Lynn Witherspoon</i></u>	Date: <u>7-30-12</u>	Name (type or print): <u>LYNN Witherspoon</u>	Title: <u>Pres.</u>
Signature: <u><i>Lynn Witherspoon</i></u>	Date: <u>7-30-12</u>				
Name (type or print): <u>LYNN Witherspoon</u>	Title: <u>Pres.</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM