

No. W 68395		Due no later than Nov 30, 2013		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. DREAMZ DAY SPA AND SALON, LLC KAE SCHAEFFER 123 EAST 23RD DR BURLEY ID 83318		KAE SCHAEFFER 123 EAST 23RD DR BURLEY ID 83318			
				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	KAE SCHAEFFER	123 EAST 23RD DR	BURLEY	ID	USA	83318	
5. Organized Under the Laws of: ID W 68395		6. Annual Report must be signed.* Signature: Kae Schaeffer Name (type or print): Kae Schaeffer Date: 10/30/2013 Title: Owner/Operator					
Processed 10/30/2013		* Electronically provided signatures are accepted as original signatures.					