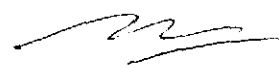


No. W 141905	Due no later than Sep 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) AN NGUYEN 3517 NORMANDIE BOISE ID 83705																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. IDEAL BEAUTY AND SPA LLC 936 S VISTA AVE BOISE ID 83705		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>An Nguyen</td> <td>3517 Normandie</td> <td>Boise</td> <td>ID</td> <td></td> <td>83705</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Thao Tran</td> <td>1396 N Lily #101</td> <td>Boise</td> <td>ID</td> <td></td> <td>83709</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	An Nguyen	3517 Normandie	Boise	ID		83705	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Thao Tran	1396 N Lily #101	Boise	ID		83709	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	An Nguyen	3517 Normandie	Boise	ID		83705																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Thao Tran	1396 N Lily #101	Boise	ID		83709																																
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; font-weight: bold; font-size: 1.2em;"> IDAHO W 141905 </div>	6. Signature:  Date: <u>8-29-17</u> Name (type or print): <u>An Nguyen</u> Title: <u>owner</u>																																					
Issued 08/29/2017 by JL1		111802																																				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM