No. <b>W 9547</b>		Du	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		No. of the contract of the con	LADONN GOODFELLOW			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  COSMETOLOGY SCHOOL OF ARTS & SCIENCES, LLC LADONN GOODFELLOW 529 OVERLAND AVE BURLEY ID 83318		100000 Pt 12000000000000000000000000000000000000	1713 V. ST. HEYBURN ID 83336			
				3. <u>New</u> Register	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER			2474 ROCK CREEK ROAD 1713 V STREET	HANSEN HEYBURN	ID ID	USA USA	83334 83336	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 9547		Signature: La		Date: 06/20/2016				
		Name (type o		Title: Member				
Processed 06/20/2016		* Electronically p	rovided signatures are accepted as original	signatures.				