

|                                                                                                                                                        |                   |                                                                                                                                                         |       |                                                            |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------|---------|------------------|--|
| No. <b>W 119152</b>                                                                                                                                    |                   | <b>Due no later than Nov 30, 2014</b>                                                                                                                   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>HAIR CIRCUIT, LLC. (THE)<br>CLIFFORD L BORGEN<br>823 N NICKLAUS LANE<br>EAGLE ID 83616 |       | CLIFFORD L BORGEN<br>823 N NICKLAUS LANE<br>EAGLE ID 83616 |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                                         |       | 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                                                                                                                                                 | CLIFFORD L BORGEN | 823 N NICKLAUS LANE                                                                                                                                     | EAGLE | ID                                                         | USA     | 83616            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                       |       |                                                            |         |                  |  |
| <b>ID<br/>W 119152</b>                                                                                                                                 |                   | Signature: Clifford L Borgen                                                                                                                            |       |                                                            |         | Date: 09/29/2014 |  |
|                                                                                                                                                        |                   | Name (type or print): Clifford L Borgen                                                                                                                 |       |                                                            |         | Title: Member    |  |
| Processed 09/29/2014                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                               |       |                                                            |         |                  |  |