

No. <b>W 90890</b>		<b>Due no later than Feb 28, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  AT YOUR SERVICE NAILS & BEAUTY SUPPLIES, LLC ROBERTA P WELLMAKER-WELLS 528 MAIN ST SANDPOINT ID 83864 USA		ROBERTA PERRY WELLMAKER-WELLS 528 MAIN ST SANDPOINT ID 83864			
				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	GARY P WELLS	924 ALDER STREET	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 90890</b>		Signature: Roberta P. Wellmaker-Wells				Date: 12/24/2012	
		Name (type or print): Roberta P. Wellmaker-Wells				Title: Owner/Member	
Processed 12/24/2012		* Electronically provided signatures are accepted as original signatures.					