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| No. W 100941 | | Due no later than Feb 28, 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. MIDTOWN SALON LLC BRITTANY M OTT 508 W 22ND AVE POST FALLS ID 83854 | | JOHN N MARCHESO 320 E NEIDER STE 103 COEUR D ALENE ID 83815 | |
| | | | | 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 | TIM OTT | 508 W 22ND | POST FALLS | ID | USA 83854 |
| 5. Organized Under the Laws of: ID W 100941 | | 6. Annual Report must be signed.* Signature: Brittany Ott Date: 01/03/2013 Name (type or print): Brittany Ott Title: Owner | | | |
| Processed 01/03/2013 | | * Electronically provided signatures are accepted as original signatures. | | | |