



Idaho Limited Liability Company Annual Report Form

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Idaho Limited Liability Company Annual Report Form							
F F	File online at: SOSBIZ.idaho	o.gov		Return completed form within 30 days to			
	Due on/Before: 11/30/2018 Reporting Year: 2018			Idano Secretary of State			
Annual Deports No filing for if provinged by due date				Attn: Annual Reports 450 North 4th Street			
Annual Report: No filing fee if received by due date. If reinstatement is required, the reinstatement fee is \$30.00.				Boise, ID 83702			
				Phone: (208) 334-2300			
	umber: 366017	Filing Status: Active-E	_			2	
Limited Liability	Company (D)	Date Formed: 11/19/2	012	Formation Loc	ale: ID	—	
Name and Mailing Address: HAIRS TO YOU TOO LLC 2113 12TH ST (1) Add or Change Mailing Address: (2) Add or Change Mailing Address:						8 9:36	
EMMETT, ID 8	3617						
						AM	
Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: (3) Change RA and/or RO Address: (4) Change RA and/or RO Address: (5) Change RA and/or RO Address: (6) Change RA and/or RO Address: (7) Change RA and/or RO Address: (7) Change RA and/or RO Address: (7) Change RA and/or RO Address: (8) Change RA and/or RO Address: (9) Change RA and/or RO Address: (9) Change RA and/or RO Address: (9) Change RA and/or RO Address: (10) Change RA and/or RO Addres							
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Note: The Registered Office address must be a physical Idaho address (no postal box).							
(3) New Registered Agent (RA) Signature:							
(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.							
Manager/Member	Name	Business Add	ress	Ci	ty, State, Zip	B	
Mgr ☐Mem		1815 2113 E	2TH 51		EMMETT TO.	83617	
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(5) Signature: (6) Date: 11 (13/2015)							
(7) Type/Print Name: JAMES R. HARRIS (8) Title: 11/13/2018 OWHER I							
Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.							
Sign and date this form and return to the address provided above.							
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