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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------|---------------------|
| No. <b>W 30966</b>                                                                                                                                     |                    | <b>Due no later than Jun 30, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CREATIONS SALON, LLC<br>D GLENN BLACKSTOCK<br>807 S. WASHINGTON AVE<br>EMMETT ID 83617 |        | D GLENN BLACKSTOCK<br>2252 HAW CREEK CIRCLE<br>EMMETT ID 83617 |                     |
|                                                                                                                                                        |                    |                                                                                                                                                                                          |        | 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 |
| MANAGER                                                                                                                                                | D GLENN BLACKSTOCK | 2252 HAW CREEK CIRCLE                                                                                                                                                                    | EMMETT | ID                                                             | 83617               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 30966</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: D Gelnn blackstock<br>Name (type or print): D Gelnn blackstock<br>Date: 04/28/2016<br>Title: President                                   |        |                                                                |                     |
| Processed 04/28/2016                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                                |        |                                                                |                     |