

No. W 89797	Due no later than Jan 31, 2013 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		ROBIN MINGO 834 FALLS AVE STE 1130 TWIN FALLS ID 83301			
	NEW IMAGE SALON AND PERMANT COSMETICS, LLC. ROBIN M MINGO 834 FALLS AVE STE 1130 TWIN FALLS ID 83301		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	ROBIN M MINGO	2010 CARLIS COVE	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 89797		6. Annual Report must be signed.* Signature: Robin Mingo Name (type or print): Robin Mingo		Date: 12/03/2012 Title: Manager		
Processed 12/03/2012		* Electronically provided signatures are accepted as original signatures.				