| No. W 56744 | | Due no later than Dec 31, 2015 | | 2. Register | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|------------------------------------|---------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | 1007.54 | KRISTI SMITH | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. DRAGONFLY HAIR STUDIO L.L.C. KRISTI ROBERTS 1256 E CLARK ST POCATELLO ID 83201-4722 1097 EAST VALLI HI EAGLE ID 83616-2801 3. New Registered Agent Signature:* | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | nies: Enter Nai | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER KRISTI ROBERTS | | ERTS | 1097 EAST VALLI HI | EAGLE | ID | USA | 83616-2801 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Kristi Roberts | | | Date: 10/26/2015 | | | |
| W 56744 | | Name (type or p | | Title: Member | | | | |
| Processed 10/26/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |