No. <b>W 85459</b>		Due no later than Jul 31, 2010		2	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			KRYSTAL WINN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  LOVE YOUR LASHES LLC  KRYSTAL WINN  4072 BIRCHWOOD CIR  AMMON ID 83406			4072 BIRCHWOOD CIR AMMON ID 83406  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of	at least one Member or Manager.						
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
MEMBER	KRYSTAL A	WINN	4072 BIRCHWOOD CIR		AMMON	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Krystal Winn			Date: 07/08/2010				
W 85459		Name (type or print): Krystal Winn			Title: Member				
Processed 07/08/2010	sed 07/08/2010 * Electronically provided signatures are accepted as original signatures.								