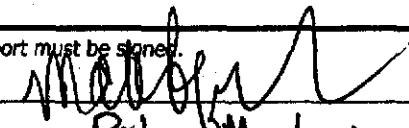


No. W 67349		Due no later than 10/31/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. BARBER'S EDGE, LLC PO BOX 3968 HAILEY ID 83333		MARGARITA MARTYNKO 312 S MAIN ST HAILEY ID 83333													
				3. New Registered Agent Signature:													
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.																	
<table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>Manager</td><td>Rita Martynko</td><td>P.O.Box 3968</td><td>Hailey</td><td>ID</td><td>83333</td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Zip	Manager	Rita Martynko	P.O.Box 3968	Hailey	ID	83333
Office Held	Name	Street or PO Address	City	State	Zip												
Manager	Rita Martynko	P.O.Box 3968	Hailey	ID	83333												
5. Organized Under the Laws of: ID W 67349		6. Annual Report must be signed. Signature:  Name (type or print): Rita Martynko Date: 9-23-09 Title: Manager															

Issued 8/20/2009 by LJM

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INSTRUCTIONS FOR THE 2009 ANNUAL REPORT FORM