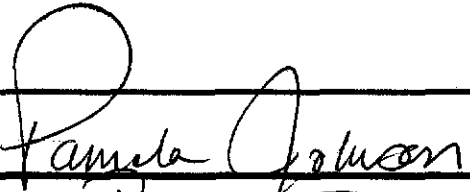
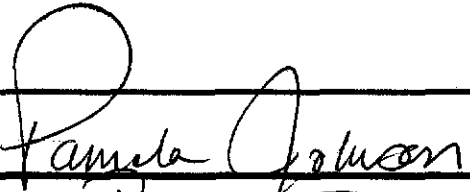
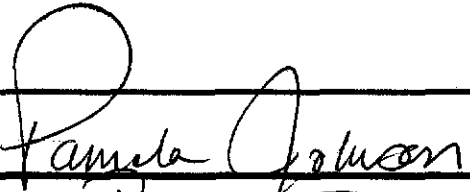


No. W 13203	Due no later than Oct 31, 2009 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) PAMELA JOHNSON 6890 FAIRVIEW AVE BOISE ID 83704														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HAIR ATELIER, L.L.C. 4766 JAGUAR AVE BOISE ID 83713		3. New Registered Agent Signature.														
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <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>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager</td><td>Pamela Johnson</td><td>4766 Jaguar</td><td>Boise</td><td>ID</td><td>US</td><td>83713</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Manager	Pamela Johnson	4766 Jaguar	Boise	ID	US
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
Manager	Pamela Johnson	4766 Jaguar	Boise	ID	US	83713											
5. Organized Under the Laws of: IDAHO W 13203	6. <table border="1"><tr><td>Signature: </td><td colspan="2">Date: 11-29-09</td></tr><tr><td>Name (type or print): Pamela Johnson</td><td colspan="2" rowspan="2">Title: Manager</td></tr></table>			Signature: 	Date: 11-29-09		Name (type or print): Pamela Johnson	Title: Manager									
Signature: 	Date: 11-29-09																
Name (type or print): Pamela Johnson	Title: Manager																
Issued 11/25/2009 by CLH				200910004583													