

No. W 75378	Due no later than Jun 30, 2014 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. SALON FIORE LLC CYNDI SNOW-FLOWERS 1160 FLORENCE AVE TWIN FALLS ID 83301		CYNDI SNOW-FLOWERS 1160 FLORENCE AVE 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	CYNDI SNOW-FLOWERS	1160 FLORENCE AVE	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 75378	6. Annual Report must be signed.* Signature: Cyndi Snow-Flowers Name (type or print): Cyndi Snow-Flowers		Date: 04/13/2014 Title: Manager			
Processed 04/13/2014		* Electronically provided signatures are accepted as original signatures.				