No. W 60457		Due no later than Mar 31, 2011		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CAMILLE COOPER 2500 N WILLOWSIDE AVE MERIDIAN ID 83646			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		STUDIO 233 SALON & SPA, LLC CAMILLE R COOPER 2500 N WILLOWSIDE AVE MERIDIAN ID 83646 USA						
				3	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Co.	mpanies: Enter Nar	nes and Addresses of at least one	e Member or Manager.					
Office Held	Name	Street	or PO Address		City	State	Country	Postal Code
MEMBER	CAM LEE	624 AM	IANITA ST		EAGLE	ID	USA	83616
MEMBER	JUDY JONES		ROTHMANS AVE		BOISE	ID	USA	83713
MEMBER PATTY ZINDE		EL 9581 G	LORIA RD		MIDDLETON	ID	USA	83644
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Camille Cooper			Date: 01/17/2011			
W 60457		Name (type or print): Camille Cooper			Title: Accountant			
Processed 01/17/2011 * Electronically provided signatures are accepted as original signatures.								