

No. W 9547		Due no later than Aug 31, 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		1. Mailing Address: Correct in this box if needed. COSMETOLOGY SCHOOL OF ARTS & SCIENCES, LLC LADONN GOODFELLOW 529 OVERLAND AVE BURLEY ID 83318		LADONN GOODFELLOW 1713 V. ST. HEYBURN ID 83336			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	LADONN GOODFELLOW	1714 V STREET	HEYBURN	ID	USA	83336	
MEMBER	RONDA CLARK	2474 ROCK CREEK RD	HANSEN	ID	USA	83334	
5. Organized Under the Laws of: ID W 9547		6. Annual Report must be signed.* Signature: LaDonn Goodfellow Name (type or print): LaDonn Goodfellow Date: 06/11/2014 Title: Chief Financial Officer					
Processed 06/11/2014 * Electronically provided signatures are accepted as original signatures.							