| No. <b>W 107734</b>   |  | Due no later than Oct 31, 2012  |                | 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 Ao<br>HEAVENLY SAL<br>KIMBERLY BRO<br>3488 FULLER R | Annual Report Form  1. Mailing Address: Correct in this box if needed.  HEAVENLY SALON & BOUTIQUE LLC  KIMBERLY BROCKETT  3488 FULLER RD  EMMETT ID 83617 |                | KIMBERLY BROCKETT  3488 FULLER RD EMMETT ID 83617  3. New Registered Agent Signature:* |             |             |  |
| NO FILING FEE IF RECEIVED BY DUE DATE   |  |   |                |  |             |             |  |
| 4. Limited Liability Companies: Enter Office Held Name                              | Names and Addresse   | s of at least one Member or Manager.<br>Street or PO Address  | Cib            | State  | Country     | Postal Code |  |
|   | / M BROCKETT   | 3488 FULLER RD  | City<br>EMMETT | ID   | Country USA | 83617       |  |
| 5. Organized Under the Laws of: 6. Annual Report mus                                |  | must be signed.*  |                |  |             |             |  |
| ID  | ID Signature: Kimberly Brockett                                |   |                | Date: 09/04/2012   |             |             |  |
| W 107734  | Name (type or  | Name (type or print): Kimberly Brockett   |                | Title: Owner   |             |             |  |
| Processed 09/04/2012  | * Electronically pr  | * Electronically provided signatures are accepted as original signatures.   |                |  |             |             |  |