

|  |                 |   |       |  |                     |
|--|-----------------|---|-------|--|---------------------|
| No. <b>W 19280</b>   |                 | Due no later than May 31, 2013  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b> |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CJ BEAUTY LC<br>PATRICIA A. WORK<br>5553 N. COLLISTER DR.<br>BOISE ID 83703-4406<br>USA |       | PATRICIA A. WORK<br>3409 N COLE<br>BOISE ID 83704  |                     |
|  |                 |   |       | 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  | PATRICIA A WORK | 5553 COLLISTER  | BOISE | ID   | USA 83703           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 19280</b>   |                 | 6. Annual Report must be signed.*<br>Signature: Patricia Work<br>Name (type or print): Patricia Work<br>Date: 05/06/2013<br>Title: Owner  |       |  |                     |
| Processed 05/06/2013   |                 | * Electronically provided signatures are accepted as original signatures.   |       |  |                     |