

No. W 100941	Due no later than Feb 29, 2012 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.		JOHN N MARCHESO 320 E NEIDER STE 103 COEUR D ALENE ID 83815			
	MIDTOWN SALON LLC BRITTANY M OTT 508 W 22ND AVE POST FALLS ID 83854		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	TIM OTT	508 W 22ND	POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID W 100941		6. Annual Report must be signed.* Signature: John Marcheso Name (type or print): John Marcheso Date: 03/09/2012 Title: Registered Agent				
Processed 03/09/2012		* Electronically provided signatures are accepted as original signatures.				