No. <b>W 135896</b>	Due no later than Mar 31, 2018	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	YOLANDA CINTORA			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	1563 FILLMORE ST STE 2C TWIN FALLS ID 83301			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	DIVINE HAIR & NAIL SALON LLC YOLANDA CINTORA 1563 FILMORE ST STE 2C	T WIN FALLS	TWIN FALLS ID 63301		
	TWIN FALLS ID 83301	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MEMBER YOLANDA CINTORA 1563 FILLMORE ST STE 2C		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Brandee Lopes	Date: 01/25/2018			
W 135896	Name (type or print): Brandee Lopes	Title: CPA			
Processed 01/25/2018	* Electronically provided signatures are accepted as original signatures.				