

|  |                         |  |       |   |         |                                  |  |
|--|-------------------------|--|-------|---|---------|----------------------------------|--|
| No. <b>W 127697</b>  |                         | <b>Due no later than Jul 31, 2015</b>  |       | 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>LAVISH SALON, LLC<br>KIMBERLY GILBERTSON<br>220 14TH AVE S<br>NAMPA ID 83687 |       | KIMBERLY GILBERTSON<br>220 14TH AVE S<br>NAMPA ID 83687 |         |                                  |  |
|  |                         |  |       | 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   | KIMBERLY ANN GILBERTSON | 1464 N RAYMOND ST  | BOISE | ID  | USA     | 83704                            |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 127697</b>  |                         | 6. Annual Report must be signed.*<br>Signature: Kimberly Gilbertson<br>Name (type or print): Kimberly Gilbertson   |       |   |         | Date: 05/21/2015<br>Title: Owner |  |
| Processed 05/21/2015   |                         | * Electronically provided signatures are accepted as original signatures.  |       |   |         |                                  |  |