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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------|---------|-------------|--|
| No. <b>C 166767</b>                                                                                                                                    |                | Due no later than May 31, 2012                                                                                                                                              |           | 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>SALON SAVVY INC.<br>JONI M HUFF<br>411 S WHITLEY DR<br>FRUITLAND ID 83619 |           | KELLY WHITING LAW OFFICE PC<br>425 S WHITLEY DR<br>FRUITLAND ID 83619 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                             |           | 3. <u>New</u> Registered Agent Signature:*                            |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |                                                                                                                                                                             |           |                                                                       |         |             |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                                                        | City      | State                                                                 | Country | Postal Code |  |
| SECRETARY                                                                                                                                              | CHARLES A HUFF | 7256 CUSTER RD                                                                                                                                                              | FRUITLAND | ID                                                                    | USA     | 83619       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 166767</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Joni M. Huff<br>Name (type or print): Joni M. Huff<br>Date: 03/09/2012<br>Title: President                                  |           |                                                                       |         |             |  |
| Processed 03/09/2012                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                   |           |                                                                       |         |             |  |