

No. W 104074		Due no later than Jun 30, 2013 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		1. Mailing Address: Correct in this box if needed. JOHN DAVID SALON LLC DAVID WALTRIP 459 LOCUST STREET N SUITE 100 TWIN FALLS ID 83301		JOHN DAVID WALTRIP 459 LOCUST STREET N SUITE 100 TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name DAVID WALTRIP	Street or PO Address 459 LOCUST ST N SUITE 100		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of: ID W 104074		6. Annual Report must be signed.* Signature: David Waltrip Name (type or print): David Waltrip Date: 08/07/2013 Title: Owner					
Processed 08/07/2013 * Electronically provided signatures are accepted as original signatures.							