

|  |               |  |            |  |         |             |  |
|--|---------------|--|------------|--|---------|-------------|--|
| No. <b>W 104074</b>  |               | Due no later than Jun 30, 2013   |            | 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>1. Mailing Address: Correct in this box if needed.</b><br>JOHN DAVID SALON LLC<br>DAVID WALTRIP<br>459 LOCUST STREET N SUITE 100<br>TWIN FALLS ID 83301 |            | JOHN DAVID WALTRIP<br>459 LOCUST STREET N SUITE 100<br>TWIN FALLS ID 83301 |         |             |  |
|  |               |  |            | 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 |  |
| MANAGER  | DAVID WALTRIP | 459 LOCUST ST N SUITE 100  | TWIN FALLS | ID   | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 104074</b>  |               | 6. Annual Report must be signed.*<br>Signature: David Waltrip<br>Name (type or print): David Waltrip<br>Date: 08/07/2013<br>Title: Owner                   |            |  |         |             |  |
| Processed 08/07/2013   |               | * Electronically provided signatures are accepted as original signatures.  |            |  |         |             |  |