

No. W 74763		Due no later than May 31, 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. DOUBLE TAKE HAIR DESIGNS LLC LANCE TRAUGHER 14353 W CHUBBUCK RD POCATELLO ID 83202		AMANDA RIFE 1387 JENSEN POCATELLO ID 83201			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	AMANDA RIFE	1387 JENSEN	POCATELLO	ID	USA	83201	
MEMBER	JACOB RIFE	1387 JENSEN	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 74763		6. Annual Report must be signed.* Signature: Amanda Rife Name (type or print): Amanda Rife					
		Date: 03/20/2013 Title: Member					
Processed 03/20/2013 * Electronically provided signatures are accepted as original signatures.							