

No. <b>W 15350</b>		<b>Due no later than May 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		ARMA BAJRAKTREVIC 616 MADISON ST TWIN FALLS ID 83301	
		<b>1. Mailing Address: Correct in this box if needed.</b> ARMA'S BEAUTY SALON, L.L.C. R DAVID FIALA PO BOX 5064 TWIN FALLS ID 83303-5064		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	ARMA BAJRAKTAREVIC	616 MADISON	TWIN FALLS	ID	83301
MEMBER	AMIR BAJRAKTAREVIC	616 MADISON	TWIN FALLS	ID	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
<b>ID W 15350</b>		Signature: Arma		Date: 04/26/2016	
		Name (type or print): Arma		Title: member	
Processed 04/26/2016		* Electronically provided signatures are accepted as original signatures.			