


No. W 104074	Due no later than Jun 30, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JOHN DAVID WALTRIP 459 LOCUST STREET N SUITE 100 TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. JOHN DAVID SALON LLC 459 LOCUST STREET N SUITE 100 TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>David Waltrip 459 Locust St N, Twin Falls ID Twin Falls 83301 Suite 100</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 104074 </div>		6. Signature:  <hr/> Name (type or print): <i>David Waltrip</i> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Date: <i>3-29-12</i> <hr/> Title: <i>Manager</i> <hr/> </div> </div>	
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