No. <b>W 90890</b>		Due no later than Feb 28, 2011			2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		ROBERTA PERRY WELLMAKER-WELLS 503 CEDAR STREET SANDPOINT ID 83864  3. New Registered Agent Signature:*					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  AT YOUR SERVICE NAILS & BEAUTY SUPPLIES, LLC ROBERTA P WELLMAKER-WELLS 503 CEDAR STREET SANDPOINT ID 83864 USA							
								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 GARY P WE		ELLS	924 ALDER STREET		SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 90890		Signature: Roberta P. Wellmaker-Wells				Date: 02/19/2011			
		Name (type or print): Roberta P. Wellmaker-Wells			Title: Owner/Member				
Processed 02/19/2011 * Electronically provided signatures are accepted as original signatures.									