No. **W 71820**	**Due no later than Feb 29, 2016**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** BEARFOOT BARBER & BEAUTY LLC SHAWNA K PHILLIPS 12930 ORCHARD AVE NAMPA ID 83651	SHAWNA K PHILLIPS 12930 ORCHARD AVE NAMPA ID 83651 3. New 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	SHAWNA K PHILLIPS	12930 ORCHARD AVE	NAMPA	ID		83651

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 71820**	Signature: ShawnaKPhillips	Date: 02/25/2016
	Name (type or print): ShawnaKPhillips	Title: Owner

Processed 02/25/2016

* Electronically provided signatures are accepted as original signatures.