No. W 106242		Due no later than Aug 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	STYLE TH HEATHER 1164 SAN	Annual Report Form 1. Mailing Address: Correct in this box if needed. STYLE THERAPY LLC HEATHER M SCHWABE 1164 SANTA MARIA DR BOISE ID 83712		HEATHER SCHWABE 1164 SANTA MARIA DR BOISE ID 83712 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4 Limited Liability Companies: Fr	ter Names and Addr	esses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER HEATI	HER M SCHWABE	1164 SANTA MARIA DR.	BOISE	ID	USA	83712	
5. Organized Under the Laws of: ID W 106242	Signature	6. Annual Report must be signed.* Signature: Heather Schwabe Date: 08/28/2017 Name (type or print): Heather Schwabe Title: founder					
Processed 08/28/2017	* Electronica	* Electronically provided signatures are accepted as original signatures.					