

No. W 120566	Due no later than Jan 31, 2015 Annual Report Form																																							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	<p>1. Mailing Address: Correct in this box if needed.</p> <p>SALON SERENDIPITY L.L.C. ALEXANDRA BREDE-LAWLER 1436 S EDGEWATER CIRCLE SUITE 101 NAMPA ID 83686 UNITED STATES</p>																																							
NO FILING FEE IF RECEIVED BY DUE DATE	<p>2. Registered Agent and Office (NOT A P.O. BOX)</p> <p><i>LUCY BREDE</i> 515 Lost Basin Ct. NAMPA ID 83686</p>																																							
<p>3. <u>New</u> Registered Agent Signature.</p> <p><i>Lucy A. Brede</i></p>																																								
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Lucy A. Brede</td> <td>515 Lost Basin Ct</td> <td>Nampa</td> <td>Id</td> <td>USA</td> <td>83686</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Ali Lawler</td> <td>115 Bobcat Ln</td> <td>Nampa</td> <td>Id</td> <td>USA</td> <td>83685</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Lucy A. Brede	515 Lost Basin Ct	Nampa	Id	USA	83686	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Ali Lawler	115 Bobcat Ln	Nampa	Id	USA	83685	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:	<p>6.</p> <p>Signature: <i>Lucy A. Brede</i></p> <p>Name (type or print): <i>Lucy A. Brede</i></p> <p>Date: <u>2/13/15</u></p> <p>Title: <u>manager/owner/member</u></p>																																							
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