

| | | | | | |
|--|-----------------|--|-------------|--|---------------------|
| No. W 158585 | | Due no later than Nov 30, 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. ROGUE BEAUTY LLC (THE) AMANDA JO SMITH 6200 N RIVER POINTE DR APT L 204 GARDEN CITY ID 83714 | | AMANDA JO SMITH 6200 N RIVER POINTE DR APT L 204 GARDEN CITY ID 83714 | |
| | | | | 3. <u>New</u> 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 |
| MANAGER | AMANDA JO SMITH | 6200 N RIVER POINTE DR APT L 204 | GARDEN CITY | ID | USA 83714 |
| 5. Organized Under the Laws of: ID W 158585 | | 6. Annual Report must be signed.* Signature: Amanda jo smith Date: 12/26/2016 Name (type or print): Amanda jo smith Title: Rogue beauty llc | | | |
| Processed 12/26/2016 | | * Electronically provided signatures are accepted as original signatures. | | | |