

No. W 90890		Due no later than Feb 28, 2014		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. AT YOUR SERVICE NAILS & BEAUTY SUPPLIES, LLC ROBERTA P WELLMAKER-WELLS 528 MAIN ST SANDPOINT ID 83864 USA		ROBERTA PERRY WELLMAKER-WELLS 528 MAIN ST SANDPOINT ID 83864	
				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
MEMBER	GARY P WELLS	924 ALDER STREET	SANDPOINT	ID	USA 83864
5. Organized Under the Laws of: ID W 90890		6. Annual Report must be signed.* Signature: Roberta P. Wellmaker-Wells Name (type or print): Roberta P. Wellmaker-Wells Date: 01/07/2014 Title: Member			
Processed 01/07/2014		* Electronically provided signatures are accepted as original signatures.			