No. C 203069		Due no later than Aug 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		DORI LUCAS				
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. SALON STUDIOS NORTHWEST INC. KASSONDRA HAYES 617 SYCAMORE ST CLARKSTON WA 99403		615 21ST ST LEWISTON ID 83501			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KASSONDR						
	CLARKSTO			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Bus	siness Addresses	of President, Secretary, and Directors. Treas	urer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT GARY HUC	SHES	617 SYCAMORE ST	CLARKSTON	WA		99403	
SECRETARY KASSONDF	RA HAYES	617 SYCAMORE ST	CLARKSTON	WA		99403	
5. Organized Under the Laws of: 6. Annual		port must be signed.*					
NV NV	Signature:	Signature: Kassondra Hayes Date: 09/2			09/20/2016		
C 203069	Name (type	Name (type or print): Kassondra Hayes			Title: Secretary		
Processed 09/20/2016	* Electronically provided signatures are accepted as original signatures.						