No. **W 68395**	**Due no later than Nov 30, 2016** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** DREAMZ DAY SPA AND SALON, LLC KAE SCHAEFFER 123 EAST 23RD DR BURLEY ID 83318	KAE SCHAFFER 123 EAST 23RD DR BURLEY ID 83318 3. New 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	KAE SCHAFFER	123 EAST 23RD DR	BURLEY	ID		83318

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 68395**	Signature: Kae Schaeffer	Date: 10/03/2016
	Name (type or print): Kae Schaeffer	Title: Owner

Processed 10/03/2016

* Electronically provided signatures are accepted as original signatures.