

No. <b>W 9547</b>		<b>Due no later than Aug 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  COSMETOLOGY SCHOOL OF ARTS & SCIENCES, LLC LADONN GOODFELLOW 529 OVERLAND AVE BURLEY ID 83318		LADONN GOODFELLOW 1713 V. ST. HEYBURN ID 83336			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	RONDA CLARK	2474 ROCK CREEK ROAD	HANSEN	ID	USA	83334	
MEMBER	LADONN GOODFELLOW	1713 V STREET	HEYBURN	ID	USA	83336	
5. Organized Under the Laws of:  <b>ID</b> <b>W 9547</b>		6. Annual Report must be signed.*  Signature: LADONN GOODFELLOW Name (type or print): LADONN GOODFELLOW					
Processed 06/23/2015		Date: 06/23/2015 Title: CFO  * Electronically provided signatures are accepted as original signatures.					