No. W 139091		Due	Due no later than Jun 30, 2018		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. SERENITY HAIR AND NAIL STUDIO, LLC SERENITY SALON 15702 RIVERSIDE RD #25 CALDWELL ID 83607		15702 RIVER	BETHANY NOURSE 15702 RIVERSIDE RD #25			
					CALDWELL ID 83607 3. New Registered Agent Signature:*			
				J. <u>New</u> Register	3. Ivev registered Agent Signature.			
4. Limited Liability Com	panies: Enter I	Names and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	BETHANY	LYNN NOURSE	15702 RIVERSIDE RD #25	CALDWELL	ID	USA	83607	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 139091		Signature: Bethany Nourse			Date: 06/07/2018			
		Name (type or p		Title: Manager				
Processed 06/07/2018		* Electronically prov	rided signatures are accepted as origina	al signatures.				