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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|---------|------------------|--|
| No. <b>W 89485</b>                                                                                                                                     |                    | <b>Due no later than Jan 31, 2014</b>                                                                                                                                                |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>AZURE SALON LLC<br>KAREN T BOTAI<br>31 W HONEYSUCKLE AVE<br>HAYDEN ID 83835<br>USA |          | KAREN T BOTAI<br>31 W HONEYSUCKLE AVE<br>HAYDEN ID 83835 |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                                                                      |          | 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                                                                                                                                                 | ROBERT M BOTAI SR. | 4756 WEST DIAGONAL RD                                                                                                                                                                | RATHDRUM | ID                                                       | USA     | 83835            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                                                                    |          |                                                          |         |                  |  |
| <b>ID<br/>W 89485</b>                                                                                                                                  |                    | Signature: Robert M Botai Sr                                                                                                                                                         |          |                                                          |         | Date: 02/28/2014 |  |
|                                                                                                                                                        |                    | Name (type or print): Robert M Botai Sr                                                                                                                                              |          |                                                          |         | Title: Officer   |  |
| Processed 02/28/2014                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                            |          |                                                          |         |                  |  |