No. <b>W 56744</b>	D	Due no later than Dec 31, 2009		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		KRISTI SMITH				
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.  DRAGONFLY HAIR STUDIO L.L.C.  KRISTI SMITH  1256 E CLARK ST  POCATELLO ID 83201  3. New Registered Agent Signature:*						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KRISTI SMI							
	POCATELLO							
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter	Names and Address	ses of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MEMBER KRISTI S		995 HOME RUN ST	CHUBBUCK	ID	USA	83202		
MEMBER DAWSON	J SMITH	995 HOME RUN ST	CHUBBUCK	ID	USA	83202		
5. Organized Under the Laws of: 6. Annual		rt must be signed.*						
ID	Signature: K	Signature: Kristi Smith			Date: 12/20/2009			
W 56744	Name (type	or print): Kristi Smith		Title: Owner				
Processed 12/20/2009	* Electronically	* Electronically provided signatures are accepted as original signatures.						