

No. W 160916	Due no later than Jan 31, 2017 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. BEAUTY REPAIR SHOP LLC (THE) 106 W 17TH ST IDAHO FALLS ID 83402		SARAH PAULSEN 4215 POA ST IDAHO FALLS ID 83401			
			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
MANAGER	PERRY MICK PAULSEN	4215 POA STREET	IDAHO FALLS	ID	USA	83401
MANAGER	SARAH ANNE PAULSEN	4215 POA STREET	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID W 160916	6. Annual Report must be signed.* Signature: Sarah Paulsen Name (type or print): Sarah Paulsen		Date: 01/29/2017 Title: Manager			
Processed 01/29/2017		* Electronically provided signatures are accepted as original signatures.				