No. W 126499		Due no later than Jun 30, 2015		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		PATRICIA	PATRICIA S TUFFORD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LASHES BY TRISH, LLC PATRICIA S TUFFORD 24842 N CEDAR MOUNTAIN RD ATHOL ID 83801		ATHOL ID	24842 N CEDAR MOUNTAIN RD ATHOL ID 83801 3. New Registered Agent Signature:*			
NO FILING RECEIVED BY	DUE DATE	mas and Address	on of at least one Member or Manager					
Office Held	Name	illes alla Addressi	es of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MANAGER	PATRICIA T	UFFORD	24842 N CEDAR MTN RD	ATHOL	ID	USA	83801	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 126499		Signature: Pa		Date: 05/03/2015				
		Name (type o		Title: Owner				
Processed 05/03/201!	5	* Electronically p	rovided signatures are accepted as origina	al signatures.				