331 6021

Receipt Number: 1325104

File Number DL007425

ARTICLES_OF_ORGANIZATION

For

HAIR & BEYOND, LLC

Filed at the request of:

KENT A SHELTON
CHURCHILL MANOLIS LAW OFFICE
PO BOX 176
HURON SD 57350

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Wednesday, June 02, 2004**

Chris Nelson

Secretary of State

Fee Received: $100.00

State of South Dakota

OFFICE OF THE SECRETARY OF STATE

Certificate of Organization
Limited Liability Company

ORGANIZATIONAL ID #: DL007425

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **HAIR & BEYOND, LLC** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Organization and attach hereto a duplicate of the Articles of Organization.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this June 2, 2004.

Chris Nelson

Chris Nelson
Secretary of State

Cert of Organization LLC Merge.doc

RECEIVED

JUN 02 '04

S.D. SEC. OF STATE

331 6022 Filed this 2nd day of June, 2004
Chris Nelson
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
OF
HAIR & BEYOND, LLC

We, the undersigned one or more persons, who shall be Members upon the issuance of a certificate of organization with the Secretary of State, acting as **ORGANIZERS** of a Limited Liability Company under the South Dakota Limited Liability Act, do hereby adopt the following Articles of Organization for such Limited Liability Company.

ARTICLE ONE

The name of the Limited Liability Company is **Hair & Beyond, LLC** (the "Company").

ARTICLE TWO

The period of duration of this Limited Liability Company is perpetual.

ARTICLE THREE

The purpose for which the Limited Liability Company is organized is to own, operate and manage a cosmetology, hair, tanning, health and beauty salon and spa or any lawful act or activity for which limited liability companies may be formed under the South Dakota Limited Liability Act and to engage in any and all activities necessary or incidental to these acts.

ARTICLE FOUR

The Limited Liability Company shall also have those powers provided for in the South Dakota Limited Liability Company Act.

ARTICLE FIVE

The initial contribution to the Limited Liability Company shall be in the sum of One Thousand Dollars ($1,000.00).

ARTICLE SIX

Additional contributions shall be made at such times and at such amounts as may be

DL7425

unanimously agreed by the members as provided for in the Operating Agreement of the Limited Liability Company.

ARTICLE SEVEN

Additional members may be admitted to the Limited Liability Company at such times and on such terms and condition as provided for in the Operating Agreement of the Limited Liability Company.

ARTICLE EIGHT

The remaining members of the Limited Liability Company may continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company upon unanimous agreement and as provided for in the Operating Agreement of the Limited Liability Company.

ARTICLE NINE

The Limited Liability Company shall be managed by managers. The names of the managers and addresses of the persons who are to serve as managers until the first annual meeting of the members or until the successors are elected and qualified is as follows:

Katie Jo Scheibe
21907 SD Hwy. 37 S.
Huron, SD 57350

Barbara Kay Quiram
1309 Utah Avenue SE
Huron, SD 57350

ARTICLE TEN

The street address of the initial registered and designated office of the Limited Liability Company is 1565 Dakota Avenue S., Suite D., Huron, South Dakota 57350. The name of the initial registered agent is Katie Jo Scheibe.

ARTICLE ELEVEN

The names and addresses of the **ORGANIZERS** are:

Katie Jo Scheibe
21907 SD Hwy. 37 S.
Huron, SD 57350

Barbara Kay Quiram
1309 Utah Avenue SE
Huron, SD 57350

ARTICLE TWELVE

The Operating Agreement will be adopted by unanimous consent of the Members. The power to alter, amend or repeal the Operating Agreement or adopt a new Operating Agreement is vested in the Members by unanimous consent of the Members.

ARTICLE THIRTEEN

To the full extent permitted by South Dakota law, no manager or member of the Limited Liability Company shall be liable to the Limited Liability Company or its members for monetary damages for an act or omission in such manager's or member's capacity as a manager or member of the Limited Liability Company, except that this Article does not eliminate or limit the liability of a manager or member to the extent the manager or member is found liable for (a) a breach of the manager's or member's duty of loyalty to the company or its members; (b) an act or omission not in good faith that constitutes a breach of duty of the manager to the Company or an act or omission that involves intentional misconduct or a knowing violation of the law; (c) a transaction from which the manager or member received an improper benefit whether or not the benefit resulted from an action taken within the scope of the manager's or member's office; or (d) an action or omission for which the liability of a manager or member is expressly provided by an applicable statute. Any repeal or amendment of this Article by the member of the Company shall be prospective only and shall not adversely affect any limitation on the liability of a manager or member of the Company existing at the time of such repeal or amendment. The foregoing elimination of the liability to the Limited Liability Company or its members for monetary

damages shall not be deemed exclusive of any other rights or limitations of liability or indemnity to which a manger or member may be entitled under any other provision of the Articles of Organization or the Operating Agreement of the Limited Liability Company, contract or agreement, vote of members and/or disinterested managers of the Limited Liability Company, or otherwise.

ARTICLE FOURTEEN

These Articles of Organization may be amended, modified, supplemented or re-stated in any manner permitted by applicable law and approved by an affirmative vote of a majority of the membership interest.

IN WITNESS WHEREOF, We have hereunto set our hands and seal this 28th day of May, 2004.

By: Katie Jo Scheibe
Katie Jo Scheibe - Organizer

By: Barbara Kay Quiram
Barbara Kay Quiram - Organizer

STATE OF SOUTH DAKOTA)
:ss
COUNTY OF BEADLE)

On this the 28th day of May, 2004, before me, Kristi Neuharth, the undersigned officer, personally appeared Katie Jo Scheibe, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same for the purposes therein contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

(SEAL)

Kristi Neuharth
Notary Public
My commission expires: Aug 20, 2005

331 6027

STATE OF SOUTH DAKOTA)
:ss
COUNTY OF BEADLE)

On this the 28th day of May, 2004, before me, Kristi Neuharth, the undersigned officer, personally appeared Barbara Kay Quiram, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same for the purposes therein contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

Kristi Neuharth
Notary Public
My commission expires: Aug. 20, 2005

(SEAL)

CONSENT TO APPOINTMENT BY REGISTERED AGENT

I, Katie Jo Scheibe, hereby give my consent to serve as the registered agent for **Hair & Beyond, LLC.**

Dated this 28th day of May, 2004.

Katie Jo Scheibe
Katie Jo Scheibe

331 6028

RECEIVED

JUN 02 '04

S.D. SEC. OF STATE

STATE CAPITOL
500 E. CAPITOL AVENUE
PIERRE, S.D. 57501
(605) 773-4845
FAX (605) 773-4550

FIRST ANNUAL REPORT
OF A
LIMITED LIABILITY COMPANY

1. The name of the Limited Liability Company is:

   Hair & Beyond, LLC

2. The state or country under whose law it is organized is: State of South Dakota, USA

3. The address of its registered office and the name and address of its registered agent for service of process in South Dakota is:

   Katie Jo Scheibe, 21907 SD Hwy. 37 S., Huron, SD 57350

4. The address of its principal office is:

   1565 Dakota Avenue S., Suite D, Huron, SD 57350.

5. The names and business addresses of any managers:

   Manager managed: Katie Jo Scheibe
   21907 SD Hwy. 37, S.
   Huron, SD 57350

   Barbara Kay Quiram
   1309 Utah Avenue SE
   Huron, SD 57350

6. The dollar amount of the total agreed contributions to the Limited Liability Company is: $1,000.00 **

Date: May 28, 2004.

Hair & Beyond, LLC

By: Katie Jo Scheibe
Katie Jo Scheibe, Manager

By: Barbara Kay Quiram
Barbara Kay Quiram, Manager

238 2902

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

2005

ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

RECEIVED
FILE DATE 06/20/05
RECEIPT NO. 1450249
JUN 20 '05
S.D. SEC. of STATE

FILING FEE: $50 ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

1. L.L.C. Name, Registered Agent and Mailing Address:

HAIR 4 BEYOND, LLC DL007425
SCHEIBE, KATIE MBR
164 3RD ST SW
HURON SD 57350

Telephone # 605-352-4622
FAX #
Federal Taxpa
FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The state or country under whose law it is organized is: SOUTH DAKOTA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

164 3RD ST SW
HURON SD 57350
KATIE SCHEIBE

4. The address of its principal office is: 164 3RD ST SW HURON SD 57350

5. The names and business addresses of any managers:

KATIE SCHEIBE 164 3RD ST SW HURON SD 57350
BARBARA QUINLAN 164 3RD ST SW HURON SD 57350

6. The dollar amount of the total agreed contributions to the Limited Liability Company is $ 1000.00.

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Date: 6/16/05

Katie Scheibe
(Signature)

MEMBER
(Title)

revised 10/04
DBLLCAR.DOC

RECEIVED

JUN 20 '05

S.D. SEC. of STATE

238 2903

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
605-773-4845

LIMITED LIABILITY STATEMENT OF CHANGE OF REGISTERED OFFICE, OR REGISTERED AGENT, OR BOTH

FILING FEE: $10

1450249

The undersigned Limited Liability Company submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the limited liability company is HAIR + BEYOND, LLC
2. The previous address of its registered office 1565 DAKOTA AVE S, SUITE D
HURON SD ZIP 57350
3. The address to which the registered office is to be changed (including street address) is 164 3RD ST SW
HURON SD ZIP 5739D
4. The name of its previous registered agent is KATIE SCHEIBE
5. The name of its successor registered agent is KATIE SCHEIBE
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date 6/16/05

Katie Scheibe
(Signature)
MEMBER
(Title)

llcstchnge.doc (LLCStch)

238 2902

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

2005

ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

RECEIVED
FILE DATE 06/20/05
RECEIPT NO. 1450249
JUN 20 '05
S.D. SEC. of STATE

FILING FEE: $50 ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

1. L.L.C. Name, Registered Agent and Mailing Address:

HAIR 4 BEYOND, LLC DL007425
SCHEIBE, KATIE MBR
164 3RD ST SW
HURON SD 57350

Telephone # 605-352-4622
FAX #
Federal Taxpa
FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The state or country under whose law it is organized is: SOUTH DAKOTA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

164 3RD ST SW
HURON SD 57350
KATIE SCHEIBE

4. The address of its principal office is: 164 3RD ST SW HURON SD 57350

5. The names and business addresses of any managers:

KATIE SCHEIBE 164 3RD ST SW HURON SD 57350
BARBARA QUINLAN 164 3RD ST SW HURON SD 57350

6. The dollar amount of the total agreed contributions to the Limited Liability Company is $ 1000.00.

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Date: 6/16/05

Katie Scheibe
(Signature)

MEMBER
(Title)

revised 10/04
DBLLCAR.DOC

RECEIVED

JUN 20 '05

S.D. SEC. of STATE

238 2903

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
605-773-4845

LIMITED LIABILITY STATEMENT OF CHANGE OF REGISTERED OFFICE, OR REGISTERED AGENT, OR BOTH

FILING FEE: $10

1450249

The undersigned Limited Liability Company submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the limited liability company is HAIR + BEYOND, LLC
2. The previous address of its registered office 1565 DAKOTA AVE S, SUITE D
HURON SD ZIP 57350
3. The address to which the registered office is to be changed (including street address) is 164 3RD ST SW
HURON SD ZIP 5739D
4. The name of its previous registered agent is KATIE SCHEIBE
5. The name of its successor registered agent is KATIE SCHEIBE
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date 6/16/05

Katie Scheibe
(Signature)
MEMBER
(Title)

llcstchnge.doc (LLCStch)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

250 3746 07/14/2006

2006

ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILE DATE 06/27/06
RECEIPT NO. 572257

JUN 27 '06

S.D. SEC. OF STATE

FILING FEE: $50 ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

1. L.L.C. Name, Registered Agent and Mailing Address:

HAIR & BEYOND, LLC DL007425
SCHEIBE, KATIE MBR
164 3RD ST SW
HURON, SD 57350

Telephone # (605) 352-4622
FAX #

FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The state or country under whose law it is organized is: SOUTH DAKOTA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

164 3RD ST SW HURON SD 57350
KATIE SCHEIBE

4. The address of its principal office is: 164 3RD ST SW

5. The names and business addresses of any managers:

KATIE SCHEIBE - 164 3RD ST SW HURON SD 57350
BARBARA QUIRAM - 164 3RD ST SW HURON SD 57350

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Date: [redacted]

Katie Scheibe
(Signature)

member
(Title)

2007 ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK
FILING FEE: $50 ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 06/07/07
RECEIPT NO. 1685658
RECEIVED
JUN 07 2007
S.D. SEC. OF STATE

263 1612

1. L.L.C. Name, Registered Agent and Mailing Address:

DL007425
DL007425 JUN/2006
HAIR & BEYOND, LLC
SCHEIBE, KATIE JO
164 3RD ST SW
HURON SD 57350-3844

Telephone # 605-352-4622
FAX #

FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The state or country under whose law it is organized is: SOUTH DAKOTA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

164 3RD ST SW HURON SD 57350

KATIE SCHEIBE

4. The address of its principal office is: 164 3RD ST SW

5. The names and business addresses of any managers:
KATIE SCHEIBE - 164 3RD ST SW HURON SD 57350
BARBARA QUIRAM - 164 3RD ST SW HURON SD 57350

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 5/22/07

Katie Scheibe
Signature

KATIE SCHEIBE
Printed Name

MEMBER
Title

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.sdsos.gov

Revised 7/05 DBLLCAR.DOC

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
605-773-4845

LIMITED LIABILITY
STATEMENT OF CHANGE OF REGISTERED OFFICE, OR REGISTERED AGENT, OR BOTH

FILING FEE: $10

The undersigned Limited Liability Company submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the limited liability company is _____

2. The previous address of its registered office _____

_____ ZIP _____

3. The address to which the registered office is to be changed (including street address) is _____

_____ ZIP _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

_____
(Signature)

_____
(Printed Name)

_____
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(limited liability company name)

Dated _____ _____
(signature)

2008 ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK
FILING FEE: $50 ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 7/14/08
RECEIPT NO. 1815091

RECEIVED
JUL 14 2008
S.D. SEC. OF STATE

278 3076

1. L.L.C. Name, Registered Agent and Mailing Address:

DL007425

DL007425 JUN/2007
HAIR & BEYOND, LLC
SCHEIBE, KATIE JO
164 3RD ST SW
HURON SD 57350-3844

Telephone # 605-352-4622
FAX #

FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

164 3rd St SW Huron, SD 57350

Katie Scheibe

4. The address of its principal office is: 164 3rd St SW

5. The names and business addresses of any managers:

Katie Scheibe - 164 3rd St SW, Huron, SD 57350
Barbara Quiram - 164 3rd St SW, Huron, SD 57350

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 7/7/08

Signature Katie Scheibe

Katie Scheibe
Printed Name

Member
Title

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.sdsos.gov

Revised 7/05 DBLLCAR.DOC

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
605-773-4845

LIMITED LIABILITY
STATEMENT OF CHANGE OF REGISTERED OFFICE, OR REGISTERED AGENT, OR BOTH

FILING FEE: $10

The undersigned Limited Liability Company submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the limited liability company is _____

2. The previous address of its registered office _____

_____ ZIP _____

3. The address to which the registered office is to be changed (including street address) is _____

_____ ZIP _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

_____
(Signature)

_____
(Printed Name)

_____
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(limited liability company name)

Dated _____ _____
(signature)

2009

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

FILING FEE: $50 Make check payable to SECRETARY OF STATE

FILE DATE 06/17/09
RECEIPT NO 1921475

RECEIVED
JUN 17 2009
S.D. SEC. OF STATE

292 1523

1. L.L.C. Name, Registered Agent Name and Address:

DL007425
DL007425 JUN/2008
HAIR & BEYOND, LLC
SCHEIBE, KATIE JO
164 3RD ST SW
HURON SD 57350-3844

Telephone # 605-352-4622
FAX #

FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

Street Address	City	State	ZIP+4
164 3rd St SW	Huron	SD	57350-2402
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Katie Jo Scheibe

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
164 3rd St SW	Huron	SD	57350
Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4

4. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

Dated 6/16/09

Katie Scheibe
(Signature of an Authorized Manager or Member)
Katie Scheibe
(Printed Name)
member
(Title)

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: $10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number: _____

4. The address of the agent currently on file for this entity

_____
Street Address (Required) | City | State | ZIP+4

_____
Mailing Address (Optional) | City | State | ZIP+4

5. If the address has changed, its new address

_____
Street Address (Required to be a South Dakota Address) | City | State | ZIP+4

_____
Mailing Address (Optional – Required to be a South Dakota Address) | City | State | ZIP+4

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated _____

_____
(Signature of an authorized officer)

_____
(Printed Name)

_____
(Title)

306 2581

2010 ANNUAL REPORT
DOMESTIC L.L.C.

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: $50 Make check payable to SECRETARY OF STATE

FILE DATE 06/01/10
RECEIPT NO 1035917
RECEIVED
MAY 28 2010
S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent Name and Address:

DL007425
DL007425 JUN/2009
HAIR & BEYOND, LLC
SCHEIBE, KATIE JO
164 3RD ST SW
HURON SD 57350-3844

Telephone # 605 352 4022
FAX #
FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

Street Address	City	State	ZIP+4
164 3rd St SW	Huron	SD	57350-2402
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Katie Jo Scheibe

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
164 3rd St SW	Huron	SD	57350-2402
Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4

4. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

Dated 5/26/10

x Katie Scheibe
(Signature of an Authorized Manager or Member)

Katie Scheibe
(Printed Name)

Member
(Title)

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: $10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number: _____

4. The address of the agent currently on file for this entity

_____
Street Address (Required) | City | State | ZIP+4

_____
Mailing Address (Optional) | City | State | ZIP+4

5. If the address has changed, its new address

_____
Street Address (Required to be a South Dakota Address) | City | State | ZIP+4

_____
Mailing Address (Optional – Required to be a South Dakota Address) | City | State | ZIP+4

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated _____

_____
(Signature of an authorized officer)

_____
(Printed Name)

_____
(Title)

320 3724

2011 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT
DOMESTIC

Please Type or Print Clearly in Ink

FILING FEE: $50 Make check payable to SECRETARY OF STATE

FILE DATE 6/1/11
RECEIPT NO 2159997

RECEIVED
JUN 0 1 2011
S.D. SEC. OF STATE

Telephone # _____

1. Corporate ID and Name:

DL007425 JUN/2010
HAIR & BEYOND, LLC
SCHEIBE, KATIE JO
164 3RD ST SW
HURON, SD 57350-3844

2. The jurisdiction under whose law it is formed South Dakota

3. The address of the principal executive office in or out of the State of South Dakota.

164 3RD STREET SW	HURON	SD	57350-2402
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4
Email Address			

4. The name of the South Dakota Registered Agent Katie Jo Sheibe

164 3rd Street SW	Huron	SD	57350-2402
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
Email Address			

5. The names and addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

☑	Katie Scheibe	164 3rd ST. SW	Huron	SD	57350
	President	Street Address	City	State	ZIP+4
☐					
	Vice President	Street Address	City	State	ZIP+4
☐					
	Secretary	Street Address	City	State	ZIP+4
☐					
	Treasurer	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated 5/25/11

Katie Scheibe
(Signature of an Authorized Person)

Email _____

Katie Scheibe
(Printed Name)

2012 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE 6/8/2012

RECEIPT NO 46136

1. L.L.C. ID and Name:
DL007425
HAIR & BEYOND, LLC
164 3RD ST SW
HURON, SD 57350

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

Street Address	City	State	ZIP+4
164 3RD ST SW	HURON	SD	57350
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KATIE JO SCHEIBE

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
164 3RD ST SW	HURON	SD	57350-3844
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

	Manager	Street Address	City	State	ZIP+4
☐					
☐					
☐					

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 06/08/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

KATIE JO SCHEIBE
(Printed Name)

6/8/2012 8:40:21 AM

2013 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE 5/30/2013
RECEIPT NO 119538

1. L.L.C. ID and Name:
DL007425
HAIR & BEYOND, LLC
164 3RD ST SW
HURON, SD 57350

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

164 3RD ST SW	HURON	SD	57350
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KATIE JO SCHEIBE

164 3RD ST SW	HURON	SD	57350-3844
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

	Street Address	City	State	ZIP+4
☐ Manager				
☐ Manager				
☐ Manager				

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 05/30/2013

Signature Accepted Electronically
(Signature of an Authorized Person)
KATIE JO SCHEIBE
(Printed Name)

5/30/2013 9:50:57 AM

2014 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE DATE 6/5/2014
RECEIPT NO 206770

1. L.L.C. ID and Name:
DL007425
HAIR & BEYOND, LLC
164 3RD ST SW
HURON, SD 57350

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

164 3RD ST SW	HURON	SD	57350
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KATIE JO SCHEIBE

164 3RD ST SW	HURON	SD	57350-3844
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

	Manager	Street Address	City	State	ZIP+4
☐					
☐					
☐					

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Dated 06/05/2014

Signature Accepted Electronically
(Signature of an Authorized Person)

KATIE JO SCHEIBE
(Printed Name)

6/5/2014 8:22:43 AM

2015 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE DATE 5/27/2015

RECEIPT NO 305251

1. L.L.C. ID and Name:
DL007425
HAIR & BEYOND, LLC
164 3RD ST SW
HURON, SD 57350

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

164 3RD ST SW	HURON	SD	57350
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KATIE JO SCHEIBE

164 3RD ST SW	HURON	SD	57350-3844
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

	Manager	Street Address	City	State	ZIP+4
☐					
☐					
☐					

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Dated 05/27/2015

Signature Accepted Electronically
(Signature of an Authorized Person)

KATIE JO SCHEIBE
(Printed Name)

5/27/2015 1:11:09 PM

2016

Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211; 59-11-24, 24.1

Please Type or Print Clearly In Ink

FILING FEE: $50.00 **Make check payable to SECRETARY OF STATE**

FILE DATE 6/16/2016

RECEIPT NO 426051

1. LLC ID and Name:

DL007425
Enter LLC ID

HAIR & BEYOND, LLC
Enter LLC Name

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

164 3RD ST SW	HURON	SD	57350
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KATIE JO SCHEIBE

164 3RD ST SW	HURON	SD	57350-3844
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

☐				
Manager	Actual Street Address	City	State	ZIP+4
☐				
Manager	Actual Street Address	City	State	ZIP+4
☐				
Manager	Actual Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated 06/16/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

KATIE JO SCHEIBE

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically. 6/16/2016 2:30:10 PM
A fee of up to $40 will be assessed for returned payments.