

No. W 72775

Due no later than March 31, 2009  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SKINSATIONS CLINICAL SKIN CARE, LLC  
311 TENDROY ST  
BELLEVUE, ID 83313MELINDA A PEREIRA  
780 NORTH MAIN ST #202  
KETCHUM, ID 83340NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Melinda Pereira	311 Tendroy St.	Bellevue	ID	83313
member	William Pereira	311 Tendroy St.	Bellevue	ID	83313

5. Organized Under the Laws of:

IDAHO  
W 72775

6.

Signature

Name (Typed or Printed)

Melinda Pereira

Date

Title

1/19/09  
Managing Member

Issued 01/05/2009

Do Not Tape or Staple

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