

| No. W 40880 | Due no later than July 31, 2007 Annual Report Form | 2. Registered Agent and Office NO PO BOX KARIN T RIXON 100 BOARD LOOP 16645, 1700E KETCHUM, ID 83340 Gooding, ID 83330 | | | | | | | | | | | | |
|--|--|---|-------------|-------|------------------------|------|-------|-----|------|---------------|--------------|---------|----|-------|
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable SKIN WORKS LLC PO BOX 402 SUN VALLEY, ID 83353 16645, 1700 E Gooding ID 83330 | 3. New Registered Agent Signature | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Karin T Rixon</td> <td>16645, 1700E</td> <td>Gooding</td> <td>Id</td> <td>83330</td> </tr> </tbody> </table> | | | Office held | Name | Street or P.O. Address | City | State | Zip | Pres | Karin T Rixon | 16645, 1700E | Gooding | Id | 83330 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | |
| Pres | Karin T Rixon | 16645, 1700E | Gooding | Id | 83330 | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 40880 | 6. Signature <u>Karin T. Rixon</u> Date <u>5-11-07</u> Name (Typed or Printed) <u>Karin T. Rixon</u> Title <u>Pres</u> | | | | | | | | | | | | | |

Issued 05/01/2007

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