No. <b>W 27287</b>		Due r	<ol><li>Registered</li></ol>	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		ANGIE KIR	ANGIE KIRKPATRICK			
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.		2811 S SWALLOWTAIL LN BOISE ID 83706				
		LE BELLE EPOQUE FACIAL THERAPIES BY ANGELA LLC ANGIE KIRKPATRICK WALD 2811 S SWALLOWTAIL LN						
		BOISE ID 83706		3. New Registered Agent Signature:*				
4. Limited Liability Co	mpanies: Enter Na	mes and Addresses of	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER ANGIE KIRKI		PATRICK WALD	2811 S SWALLOWTAIL LN	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 27287		Signature: Angie		Date: 12/23/2012				
		Name (type or pr	Title: Principal					
Processed 12/23/201	2	* Electronically provi	ided signatures are accepted as original	signatures.				