No. **W 27287**	**Due no later than Dec 31, 2016** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: 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.** LE BELLE EPOQUE FACIAL THERAPIES BY ANGELA LLC ANGIE KIRKPATRICK WALD 4157 E BARBER DR BOISE ID 83716	ANGIE KIRKPATRICK 750 WARM SPRINGS BOISE ID 83712 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	ANGIE KIRKPATRICK WALD	4157 E BARBER DR	BOISE	ID		83716

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 27287**	Signature: Angie Kirkpatrick Wald	Date: 12/03/2016
	Name (type or print): Angie Kirkpatrick Wald	Title: Principal

Processed 12/03/2016

* Electronically provided signatures are accepted as original signatures.