No. W 138723		Due no later than Jun 30, 2015	2. Registered Agent and Address (NO PO BOX) CHARLYNN DEROCHE 291 N BROADWAY BLACKFOOT ID 83221 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form				
		1. Mailing Address: Correct in this box if needed. PERMANENTLY PERFECT MAKEUP L.L.C. CHARLYNN KIDD 181 N 695 W BLACKFOOT ID 83221				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	BEN KIDD	181 N 695 W	BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
110		Signature: Charlynn DeRoche	Date: 08/03/2015			
W 138723		Name (type or print): Charlynn DeRoche	Title: Owner			
Processed 08/03/2015		* Electronically provided signatures are accepted as original signatures.				