No. <b>W 45923</b>		Due no later than Dec 31, 2010		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CHRISTINE M MALONEY				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CHRISTY MALONE SKINCARE AND MAKEUP ARTISTRY, LLC CHRISTINE M MALONEY 1004 DITTMAN DR EMMETT ID 83617		1004 DITTMAN DR EMMETT ID 83617  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE				or <u>item</u> registe	or <u>new</u> registered right originate.			
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	CHRISTINE	M MALONEY	206 MURRAY AVE	EMMETT	ID	USA	83617	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 45923		Signature: Chri	Date: 11/29/2010					
		Name (type or	Title: Member					
Processed 11/29/2010 * Electronically provided signatures are accepted as original signatures.								