

No. W 53752	Due no later than August 31, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX
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 KMA SKINCARE LLC 400 E SOUTH SLOPE RD EMMETT, ID 83617	KAREN AHLERS 400 E SOUTH SLOPE RD EMMETT, ID 83617
		3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Karen Ahlers	400 E. So. Slope Rd.	Emmett	ID.	83617

5. Organized Under the Laws of: IDAHO W 53752	<table style="width: 100%;"> <tr> <td style="width: 50%;"> 6. Signature <u>Karen Ahlers</u> </td> <td style="width: 50%;"> Date <u>7-8-07</u> </td> </tr> <tr> <td> Name <small>(Typed or Printed)</small> <u>Karen Ahlers</u> </td> <td> Title <u>Manager</u> </td> </tr> </table>	6. Signature <u>Karen Ahlers</u>	Date <u>7-8-07</u>	Name <small>(Typed or Printed)</small> <u>Karen Ahlers</u>	Title <u>Manager</u>
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