

No. **W 58690**

Return to:
**SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080**

**NO FILING FEE IF
RECEIVED BY DUE DATE**

Due no later than January 31, 2008

Annual Report Form

1. Mailing Address - Correct in this box, if applicable

**A BEAUTY EXPERIENCE, LLC
RENEE LEACH
610 W HUBBARD #216
COEUR D ALENE, ID 83814**

2. Registered Agent and Office NO PO BOX

**RENEE LEACH
610 W HUBBARD #216
COEUR D ALENE, ID 83814**

3. New Registered Agent Signature

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

Office held

Name

Street or P.O. Address

City

State

Zip

*Owner/
President* *Renee Leach* *610 W. Hubbard, #216, Coeur d'Alene, ID* *83814*

**5. Organized Under the Laws of:
IDAHO
W 58690**

6.

Signature

Name (Typed or Printed)

Date

Title

Renee Leach
Renee Leach
1/7/08
Owner/President

Issued 11/01/2007

Do Not Tape or Staple

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