

|  |                       |   |  |   |             |                |                      |
|--|-----------------------|---|--|---|-------------|----------------|----------------------|
| No. <b>W 95764</b>   |                       | <b>Due no later than Aug 31, 2017</b><br><b>Annual Report Form</b>  |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )  |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                       | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>NOUVEAU MED SPA & SALON LLC<br>MECINNA PRICE<br>4870 BUFFALO RD<br>CHUBBUCK ID 83202 |  | MECINNA PRICE<br>4870 BUFFALO RD<br>CHUBBUCK ID 83202 |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                       |   |  | 3. <u>New</u> Registered Agent Signature:*            |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                       |   |  |   |             |                |                      |
| Office Held<br>MEMBER  | Name<br>MECINNA PRICE | Street or PO Address<br>4870 BUFFALO RD   |  | City<br>CHUBBUCK                                      | State<br>ID | Country<br>USA | Postal Code<br>83202 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 95764</b>                                 |                       | 6. Annual Report must be signed.*<br><br>Signature: Mecinna Price<br>Name (type or print): Mecinna Price<br><br>Date: 06/30/2017<br>Title: CEO        |  |   |             |                |                      |
| Processed 06/30/2017 * Electronically provided signatures are accepted as original signatures.     |                       |   |  |   |             |                |                      |