

No. W 104008		Due no later than Jun 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LAKESIDE AESTHETICS, LLC KELLY FUHRMAN PO BOX 333 SAGE ID 83860		KELLY A FUHRMAN 91 TAM TAM DRIVE SAGE ID 83860			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name KELLY FUHRMAN	Street or PO Address PO BOX 333		City SAGE	State ID	Country USA	Postal Code 83860
5. Organized Under the Laws of: ID W 104008		6. Annual Report must be signed.* Signature: Kelly Fuhrman Name (type or print): Kelly Fuhrman Date: 05/16/2016 Title: Member					
Processed 05/16/2016 * Electronically provided signatures are accepted as original signatures.							