

No. W 171445		Due no later than Sep 30, 2017 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. KIMMYLASHES LLC KIM ROSEN 5463 N EBBETTS AVE BOISE ID 83713 USA		KIM ROSEN 5463 N EBBETTS AVE BOISE ID 83713			
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 KIM ROSEN	Street or PO Address 5463 N EBBETTS AVE		City BOISE	State ID	Country USA	Postal Code 83713
5. Organized Under the Laws of: ID W 171445		6. Annual Report must be signed.* Signature: Kim Rosen Name (type or print): Kim Rosen Date: 10/13/2017 Title: Owner					
Processed 10/13/2017 * Electronically provided signatures are accepted as original signatures.							