No. W 64826		Annual Report Form 1. Mailing Address: Correct in this box if needed. AESTHETIC PROPERTIES LLC WADE PILLING 4795 N SUMMIT WAY SUITE#120		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				WADE PILLING 4795 N SUMMIT #120 MERIDIAN ID 83642 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or Manage	er.				
	Name	Street or PO Address		City	State	Country	Postal Code
MANAGER WADE PILLII		NG 2748 TANGO CREEK DR		MERIDIAN	ID	USA	83642
5. Organized Under the Laws of: ID W 64826		6. Annual Report must be signed.* Signature: Wade Pilling Name (type or print): Wade Pilling		Date: 06/04/2012 Title: Owner			
Processed 06/04/2012		* Electronically provided signatures are accepted as original signatures.					