

No. <b>W 122919</b>		<b>Due no later than Mar 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  PERMANENT MAKEUP BY APPOINTMENT, LLC TRINA K IRELAND PO BOX 656 FRUITLAND ID 83619 USA		TRINA K IRELAND 615 SW 2ND ST FRUITLAND ID 83619-8361			
<b>NO FILING FEE IF 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 MANAGER	Name TRINA K. IRELAND	Street or PO Address P.O.		City FRUITLAND	State ID	Country USA	Postal Code 83619
5. Organized Under the Laws of:  <b>ID</b> <b>W 122919</b>		6. Annual Report must be signed.*  Signature: Trina K. Ireland Name (type or print): Trina K. Ireland  Date: 01/24/2017 Title: Manager					
Processed 01/24/2017 * Electronically provided signatures are accepted as original signatures.							