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|--|-------------|--|-------|---|---------|-------------|--|
| No. W 66383 | | Due no later than Sep 30, 2015 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. EAGLE RIVER MEDICAL AESTHETICS, L.L.C. GIA SWOPE 13967 W WAINWRIGHT DR STE 103 BOISE ID 83713 | | GIA SWOPE 13967 W WAINWRIGHT DR STE 103 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 | Name | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | GIA SWOPE | 1032 S BRIDGEWAY PL STE 110 | EAGLE | ID | 83616 | | |
| MANAGER | JOE LARAGAN | 1032 S BRIDGEWAY PL STE 110 | EAGLE | ID | 83616 | | |
| 5. Organized Under the Laws of: ID W 66383 | | 6. Annual Report must be signed.* Signature: gs Name (type or print): gs | | | | | |
| | | Date: 08/04/2015 Title: manager | | | | | |
| Processed 08/04/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |