

No. <b>W 66383</b>		<b>Due no later than Sep 30, 2015</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> 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	
				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:  <b>ID W 66383</b>		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.			