

No. W 16612		Due no later than Sep 30, 2016 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. CLEAR NAIL LASER CLINICS, LLC DAVID A BLACKMER 3080 E GENTRY WAY SUITE 201 MERIDIAN ID 83642		DAVID A BLACKMER DPM 3080 E GENTRY WAY SUITE 201 MERIDIAN ID 83642			
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	DAVID A BLACKMER DPM	3080 E GENTRY WAY	SUITE 201	MERIDIAN	ID	83642	
5. Organized Under the Laws of: ID W 16612		6. Annual Report must be signed.* Signature: David Blackmer Name (type or print): David Blackmer					
		Date: 10/28/2016 Title: Manager					
Processed 10/28/2016 * Electronically provided signatures are accepted as original signatures.							