

No. W 64577		Due no later than Jul 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. FACE TECHNIQUES, LLC LYNNETTE R SMITH 8191 N LOCH HAVEN DRIVE HAYDEN ID 83835		LYNNETTE SMITH 8191 N LOCH HAVEN DRIVE HAYDEN ID 83835			
				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	STEPHANIE CHERRSTROM	8191 NORTH LOCH HAVEN DRIVE	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of: ID W 64577		6. Annual Report must be signed.* Signature: Stephanie Cherrstrom Name (type or print): Stephanie Cherrstrom					
		Date: 05/21/2018 Title: Practice Manager					
Processed 05/21/2018		* Electronically provided signatures are accepted as original signatures.					