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|--|------------------------|--|--|--|-------------|----------------|----------------------|
| No. W 169004 | | Due no later than Jul 31, 2017 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. BOBBI BULLOCK MEDICAL ESTHETICS LLC 702 W IDAHO STREET 105 BOISE ID 83702 USA | | BOBBI BULLOCK 1418 N 24TH STREET BOISE ID 83646-8364 | | | |
| 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 MANAGER | Name SUMMER J FOLEY | Street or PO Address 8 | | City MERIDIAN | State ID | Country USA | Postal Code 83646 |
| 5. Organized Under the Laws of: ID W 169004 | | 6. Annual Report must be signed.* Signature: Bobbi Bullock Name (type or print): Bobbi Bullock Date: 07/31/2017 Title: Owner | | | | | |
| Processed 07/31/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |