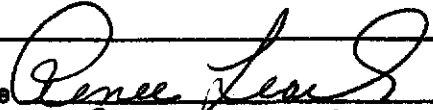


<b>No.</b> W 58690	<b>Due no later than January 31, 2009</b>	<b>2. Registered Agent and Office NO PO BOX</b>
<b>Return to:</b> SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b>	RENEE LEACH
	<b>1. Mailing Address - Correct in this box, if applicable</b>  A BEAUTY EXPERIENCE, LLC RENEE LEACH 610 W HUBBARD #216 COEUR D ALENE, ID 83814	610 W HUBBARD #216 COEUR D ALENE, ID 83814  <b>3. <u>New</u> Registered Agent Signature</b>

**4. Limited Liability Companies: Enter Names and Addresses of Managers.**

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Renee Leach	610 W. Hubbard, #216	Coeur d'Alene	ID	83814

<b>5. Organized Under the Laws of:</b>  IDAHO W 58690	<b>6.</b> Signature  Name (Typed or Printed) <u>Renee Leach</u> Date <u>1/9/09</u> Title <u>Owner</u>
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Issued 11/05/2008

**Do Not Tape or Staple**

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