





## STATE OF IDAHO

Office of the secretary of state, Phil McGrane ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$0.00

For Office Use Only

-FILED-

File #: 0005416498

Date Filed: 10/3/2023 4:27:43 AM

| Entity Name and Mailing Address:  |            |            |  |        |
|---|------------|------------|--|--------|
| Entity Name:  |            |            | Dharma Aesthetics LLC                            |        |
| The file number of this entity on the records of the Idaho Secretary of State is: |            | 0003343191 |  |        |
| Address   |            |            | PO BOX 232<br>DOVER, ID 83825-0232               |        |
| Entity Details:   |            |            |  |        |
| Entity Status   |            |            | Active-Existing                                  |        |
| This entity is organized under the laws of:                                       |            |            | IDAHO  |        |
| If applicable, the old file number o<br>the Idaho Secretary of State was:         |            | records of |  |        |
| The registered agent on record is:  |            |            |  |        |
| Registered Agent  |            |            | NORTHWEST REGISTERED AGENT LLC                   |        |
|   |            |            | Commercial Registered Agent                      |        |
|   |            |            | Physical Address 784 S CLEARWATER LOOP STE B     |        |
|   |            |            | POST FALLS, ID 83854                             |        |
|   |            |            | Mailing Address                                  |        |
|   |            |            | 784 S CLEARWATER LOOP STE B POST FALLS, ID 83854 |        |
| Agent or Address Change   |            |            |  |        |
| Select if you are appointing a  | new agent. |            |  |        |
| Limited Liability Company Managers and Me   | mbers      |            |  |        |
| Name  | Title      |            | Business Address                                 |        |
| Patricia Moser  | Member     |            | 'DONNEL DR PO BOX 232<br>ER, ID 83825            |        |
| + patricia moser  | Member     |            | PENROSE LANE<br>POINT, ID 83864                  |        |
|   |            |            |  |        |
| The annual report must be signed by an auth                                       | =          | itity.     |  |        |
| Job Title: Authorized Representa  | uve        |            |  |        |
|   |            |            |  |        |
| Nat Smith   |            |            | 10/03  | 3/2023 |
| Sign Here   |            |            | Date   |        |