

No. W 72775		Due no later than Mar 31, 2013		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. SKINSATIONS CLINICAL SKIN CARE, LLC MELINDA A PEREIRA 311 TENDROY ST BELLEVUE ID 83313 USA		MELINDA A PEREIRA 780 NORTH MAIN ST #202 KETCHUM ID 83340			
				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	MELINDA A PEREIRA	311 TENDROY ST	BELLEVUE	ID	USA	83313	
MEMBER	(WILLIAM) F PEREIRA	311 TENDROY ST.	BELLEVUE	ID	USA	83313	
5. Organized Under the Laws of: ID W 72775		6. Annual Report must be signed.* Signature: Melinda A Pereira Name (type or print): Melinda A Pereira Date: 02/03/2013 Title: Owner / member					
Processed 02/03/2013		* Electronically provided signatures are accepted as original signatures.					