No. W 49665	Due no later than Apr 30, 2010	2. Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	Annual Report Form 1. Mailing Address: Correct in this box if needed MARYANNE'S OWN BODYCARE ESSENTIALS LLC	CHRIS BARROTT 113 LINCOLN KIMBERLY ID 83341
PO BOX 83720 BOISE, ID 83720-0080	CHRIS BARROTT 113 LINCOLN KIMBERLY ID 83341	3. <u>New</u> Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE		
4. Limited Liability Companies: Enter N	ames and Addresses of at least one Member or Manager.	•
Office Held Name	Street or PO Address	City State Country Postal Code
MEMBER CHRIS BAI MEMBER MARYANNE	RROTT 113 LINCOLN E BARROTT 113 LINCOLN	KIMBERLY ID USA 83341 KIMBERLY ID USA 83341
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Chris Barrott	Date: 02/16/2010
W 49665	Name (type or print): Chris Barrott	Title: Owner
Processed 02/16/2010	* Electronically provided signatures are accepted as orig	iginal signatures.