No. W 104008		Due no later than Jun 30, 2018			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. LAKESIDE AESTHETICS, LLC KELLY FUHRMAN PO BOX 333 SAGLE ID 83860			KELLY A FUHRMAN 91 TAM TAM DRIVE SAGLE ID 83860 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of at	least one Member or Manager					
Office Held	Name	ries and ridal esses of ac	Street or PO Address		City	State	Country	Postal Code
MEMBER KELLY FUHRMAN		MAN	PO BOX 333		SAGLE	ID	USA	83860
5. Organized Under the Laws of:		6. Annual Report must be signed.* Signature: Kevin Kluender			Date: 05/24/2018			
W 104008		Name (type or print): Kevin Kluender			Title: CPA			
Processed 05/24/2018 * Electronically provided signatures are accepted as original signatures.								