

No. **W 27287**

**Due no later than December 31, 2004**  
**Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

LEBELLE EPOQUE FACIAL THERAPIES BY  
106 N 6TH ST STE 219  
BOISE, ID 83702

ANGIE KIRKPATRICK  
106 N 6TH ST STE 219  
BOISE, ID 83702

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Op. man.	Angie Kirkpatrick	2506 N. 29th	Boise,	Id.	83703
Bs. man.	Judi Schroeder	1316 Manitou	Boise,	Id.	83706

5. Organized Under the Laws of:

IDAHO  
W 27287

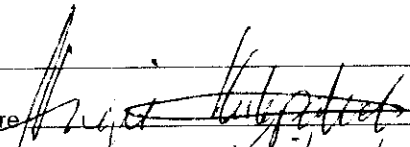
6.

Signature

Date

Name (Type or Print)

Title

  
Angie Kirkpatrick

10/14/04

Operations  
manager

Issued 10/01/2004

Do Not Tape or Staple

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