

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

10/14/04

Name (Type or Print It)

Angie Kirkpatrick

Title

Operations manager