

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------------------|
| No. W 35759 | | Due no later than Jan 31, 2014 | | 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. PERFECT TOUCH, LLC (THE) CORY CHASE 4160 E. MEADOW WOOD DR. MERIDIAN ID 83646 USA | | CORY CHASE 10465 ROAN MEADOWS DR. BOISE ID 83709 | |
| | | | | 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 |
| MEMBER | CORY E CHASE | 10465 ROAN MEADOWS DR. | BOISE | ID | USA 83709 |
| 5. Organized Under the Laws of: ID W 35759 | | 6. Annual Report must be signed.* Signature: Cory Chase Name (type or print): Cory Chase Date: 12/02/2013 Title: Member | | | |
| Processed 12/02/2013 | | * Electronically provided signatures are accepted as original signatures. | | | |