

No. W 16612		Due no later than Sep 30, 2013		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. CLEAR NAIL LASER CLINICS, LLC DAVID A BLACKMER 727 E. RIVERPARK LANE SUITE 100 BOISE ID 83706		DAVID A BLACKMER DPM 727 E. RIVERPARK LANE SUITE 100 BOISE ID 83706			
				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	
MANAGER	DAVID A BLACKMER DPM	727 E RIVERPARK LANE SUITE 100	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID W 16612		6. Annual Report must be signed.* Signature: David A Blackmer Name (type or print): David A Blackmer Date: 10/15/2013 Title: Manager					
Processed 10/15/2013		* Electronically provided signatures are accepted as original signatures.					