

No. W 64577	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2010		2. Registered Agent and Office (NOT A P.O. BOX)															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		LYNETTE SMITH <i>Lynnette SMITH</i> 6190 SUNSHINE ST COEUR D'ALENE ID 83815															
	FACE TECHNIQUES, LLC 6190 SUNSHINE ST COEUR D ALENE ID 83815		3. New Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Member</td><td>Lynnette Smith,</td><td>6190 Sunshine St,</td><td>Cda</td><td>ID</td><td>Kootenai</td><td>83815</td></tr></tbody></table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Member	Lynnette Smith,	6190 Sunshine St,	Cda	ID	Kootenai	83815
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5. Organized Under the Laws of: IDAHO W 64577		6. <table border="1"><tr><td>Signature: <i>[Signature]</i></td><td>Date: 10/13/10</td></tr><tr><td>Name (type or print): Lynnette Smith</td><td>Title: Member</td></tr></table>			Signature: <i>[Signature]</i>	Date: 10/13/10	Name (type or print): Lynnette Smith	Title: Member										
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Issued 10/13/2010 by LJC																		