

No. W 104008	Due no later than Jun 30, 2013 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. LAKESIDE AESTHETICS, LLC KELLY FUHRMAN PO BOX 333 SAGLE ID 83860		KELLY A FUHRMAN 91 TAM TAM DRIVE SAGLE ID 83860			
			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	KELLY FUHRMAN	PO BOX 333	SAGLE	ID	USA	83860
5. Organized Under the Laws of: ID W 104008		6. Annual Report must be signed.* Signature: Kevin Kluender Name (type or print): Kevin Kluender		Date: 07/15/2013 Title: Cpa		
Processed 07/15/2013		* Electronically provided signatures are accepted as original signatures.				