No. W 27287	Due no later than December 31, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable ELEBELLE 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
 Limited Liability Compan 	ies: Enter Names and Addresses of Members.	
President Page	Street or P.O. Address Street or P.O. Address Street or P.O. Address City Schroeder J811 5. Swall	ale Boise, Sed. 83712
V. pres. Judi	Schroeder 2811 5. Swall	lowfail Boise, It
	*	
5. Organized Under the Laws of:	6.	
IDAHO	Signature such chief	del Date 10-18-06
	Name Production Tudi Schroede	Date 10-18-06 Title V- president