

No. W 72775		Due no later than Mar 31, 2016		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. SKINSATIONS CLINICAL SKIN CARE, LLC MELINDA A PEREIRA 311 TENDROY ST BELLEVUE ID 83313		MELINDA A PEREIRA 780 NORTH MAIN ST #202 KETCHUM ID 83340	
				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	MELINDA A PEREIRA	311 TENDROY ST	BELLEVUE	ID	83313
5. Organized Under the Laws of: ID W 72775		6. Annual Report must be signed.* Signature: Melinda Pereira Name (type or print): Melinda Pereira Date: 02/05/2016 Title: owner / manager			
Processed 02/05/2016		* Electronically provided signatures are accepted as original signatures.			