No. W 54452		Due no later than Sep 30, 2018		2. Registered	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. AGELESS BEAUTY MEDICAL SPA AND WEIGHT LOSS CENTER LLC JULIE ACARREGUI 3510 NE JUNE LANE MOUNTAIN HOME ID 83647			JULIE ACARREGUI 3510 NE JUNE LANE MOUNTAIN HOME ID 83647 3. New Registered Agent Signature:*			
				MOUNTAII NTER				
RECEIVED BY D		USA	6.1					
4. Limited Liability Comp	oanies: Enter Nai	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	JULIE M AC	ARREGUI	3510 NE JUNE LANE	MOUNTAIN	HOME ID	USA	83647	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 54452		Signature: Julie M Acarregui			Date: 08/18/2018			
		Name (type or		Title: Owner				
Processed 08/18/2018 * Electronically provided signatures are accepted as original signatures.								