

No. <b>W 176709</b>		<b>Due no later than Jan 31, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  REVIVE LLC REVIVE FACIAL AESTHETICS 527 MAIN ST LEWISTON ID 83501		STEPHEN KESSINGER 7317 FLYBY DR LEWISTON ID 83501			
				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	LISA SMITH	1635 POWERS AVE	LEWISTON	ID	USA	83501	
MEMBER	KRIS MOORE	1810 FREDERICKSON DR	CLARKSTON	WA	USA	99403	
5. Organized Under the Laws of:  <b>ID W 176709</b>		6. Annual Report must be signed.* Signature: Stephen Kessinger Name (type or print): Stephen Kessinger					
Date: 02/22/2018 Title: DO							
Processed 02/22/2018		* Electronically provided signatures are accepted as original signatures.					