No. W 184953 Return to:		Due no later than Jun 30, 2018 Annual Report Form		2.	2. Registered Agent and Address (NO PO BOX) KAIL SEIBERT			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. AESTHETIQUE MEDICAL, PLLC AUTUMN HEUMAN 488 E WHISKEY FLATS ST MERIDIAN ID 83642			13915 W WOODSPRINGS BOISE ID 83642 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	ınies: Enter Naı	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	(City	State	Country	Postal Code
MEMBER	AUTUMN HEUMAN		488 E. WHISKEY FLATS ST	I	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: autumn heuman			Date: 07/06/2018			
W 184953		Name (type or print): autumn heuman			Title: owner			
Processed 07/06/2018 * Electronically provided signatures are accepted as original signatures.								