

<b>No. W 151894</b>	<b>Due no later than May 31, 2018</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> LINDA JANE JONES 3055 N FRUITLAND LN UN H COEUR D ALENE ID 83815
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF</b> <b>RECEIVED BY DUE</b> <b>DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ELECTROLYSIS CLINICAL, LLC LINDA JONES 3055 N FRUITLAND LN UN H → <i>clinic</i> COEUR D ALENE ID 83815		<b>3. <u>New</u> Registered Agent Signature.</b>
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Linda Jones      3055 N Fruitland Ln, H      Coeur d'Alene      Id      USA      83815			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO              W 151894           </div>		<b>6.</b> Signature: <i>Linda Jane Jones</i> Date: <i>March 20, '18</i> <hr/> Name (type or print): <i>Linda Jane Jones</i> Title: <i>Proprietor</i>	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM