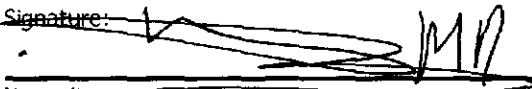


No. W 97688	Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015		2. Registered Agent and Office (NOT A P.O. BOX) NANCY PARRY, MD 431 WALNUT AVE KETCHUM ID 83340
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SIMPLY SKIN & LASER CENTER, L.L.C. NANCY PARRY PO BOX 5018 KETCHUM ID 83340 USA		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	NANCY PARRY	PO BOX 2359 KETCHUM,	ID	USA		83340
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 97688 </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): NANCY PARRY, M.D. </div> <div style="width: 35%; text-align: right;"> Date: 9/2/15 <hr/> Title: MEMBER </div> </div>
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Issued 09/02/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM