No. W 68203		Due no later than Nov 30, 2013		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TAMARA SIMON 951 E PLAZA DR STE 140 EAGLE ID 83616			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		LASER AESTHETIC CONTOURING OF IDAHO, LLC TAMARA SIMON 951 E PLAZA DR STE 140 EAGLE ID 83616 USA		EAGLE ID	LAGLE ID 03010			
				3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies	s: Enter Nar	mes and Addresses of a	at least one Member or Manager.					
Office Held Na	d Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER ROCKY MOU HORMONE CI		NTAIN GYN AND ENTER PLLC	951 E PLAZA DR STE 140	EAGLE	ID	USA	83616	
5. Organized Under the Laws	c of:	6 Annual Papart mus	t he signed *					
		6. Annual Report must be signed.*						
ID W 68203		Signature: Angela Lenz			Date: 09/25/2013			
		Name (type or print): Angela Lenz			Title: Bookkeeper			
Processed 09/25/2013	* Electronically provided signatures are accepted as original signatures.							