

No. W 122919	Due no later than Mar 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		TRINA K IRELAND 615 SW 2ND ST FRUITLAND ID 83619			
	PERMANENT MAKEUP BY APPOINTMENT, LLC TRINA K IRELAND PO BOX 656 FRUITLAND ID 83619		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
MANAGER	TRINA K IRELAND	P.O. BOX 656	FRUITLAND	ID	USA	83619
5. Organized Under the Laws of: ID W 122919		6. Annual Report must be signed.* Signature: Trina K Ireland Name (type or print): Trina K Ireland		Date: 01/25/2014 Title: Owner		
Processed 01/25/2014		* Electronically provided signatures are accepted as original signatures.				