

|  |               |   |                   |   |         |             |  |
|--|---------------|---|-------------------|---|---------|-------------|--|
| No. <b>W 95764</b>   |               | <b>Due no later than Aug 31, 2013</b>   |                   | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>IDAHO SKIN INSTITUTE MED SPA LLC<br>MECINNA PRICE<br>4870 BUFFALO RD<br>CHUBBUCK ID 83202 |                   | MECINNA PRICE<br>4870 BUFFALO RD<br>CHUBBUCK ID 83202 |         |             |  |
|  |               |   |                   | 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 |  |
| MEMBER   | MECINNA PRICE | 4870 BUFFALO RD   | CHUBBUCK          | ID  | USA     | 83202       |  |
| MEMBER   | EARL STODDARD | 147 W CHUBBUCK RD   | POCATELLOCHUBBUCK | ID  | USA     | 83202       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 95764</b>   |               | 6. Annual Report must be signed.*<br>Signature: Mecinna Price<br>Name (type or print): Mecinna Price<br>Date: 07/19/2013<br>Title: Member   |                   |   |         |             |  |
| Processed 07/19/2013   |               | * Electronically provided signatures are accepted as original signatures.   |                   |   |         |             |  |