


No. W 99173	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016		2. Registered Agent and Office (NOT A P.O. BOX) SORAYA MALEKI 725 N. 15TH ST BOISE ID 83702-8370
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MALEKI HOLISTIC HEALTH L.L.C. Soraya Maleki 725 N. 15TH ST 1414 S. Joye St. BOISE ID 83702 Boise, ID 83706		3. <u>New</u> Registered Agent Signature FILED

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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Soraya Malek	1414 S Joye St	Boise	ID	USA	83706
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: IDAHO W 99173	6. Signature:  Name (type or print): Soraya Maleki		Date: 12-22-16 Title:
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