



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](https://sosbiz.idaho.gov)



Return completed form within 30 days to:

Idaho Secretary of State  
Attn: Annual Reports  
450 North 4th Street  
Boise, ID 83720  
Phone: (208) 334-2300

For Office Use Only

**-FILED-**

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Due no later than: 11/30/2023

**Annual Report: No filing fee if received by the due date.**

SOS Control Number: 3680450

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 11/19/2019

Formation Locale: ID

**Name and Mailing Address:**

Crystal Nail Spa LLC  
5836 E FRANKLIN RD  
NAMPA, ID 83687-5020

(1) Add or Change Mailing Address:

**Registered Agent (RA) and Registered Office (RO) Address:**

VU A NGUYEN  
5836 E FRANKLIN RD  
NAMPA, ID 83687

(2) Change RA and/or RO Address:

SANG TRAN  
5836 E Franklin Ave  
Nampa ID 83687

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	SANG Tran	5836 E Franklin Ave	Boise, ID 83713
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		<del>Boise ID 83687</del>	
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	VU Nguyen	5836 E Franklin Ave	Boise, ID 83687
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*SANG TRAN / VU NGUYEN*

(6) Date:

10/11/2023

(7) Type/Print Name:

SANG TRAN / VU NGUYEN

(8) Title:

Members

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

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