

REINSTATEMENT

No. W 21797	Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	ADMIN DISSOLVED 03/06/2009 1. Mailing Address - Correct in this box, if applicable ANDRA'S PRO SPA SERVICE, LLC 11294 W BLUECANYON ST BOISE, ID 83713		TIM ANDRA 11294 W BLUECANYON ST BOISE, ID 83713 3. <u>New</u> registered agent signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Partner</td> <td>Timothy D Andra</td> <td>11294 W Bluecanyon</td> <td>Boise</td> <td>ID</td> <td>83713</td> </tr> <tr> <td>Partner</td> <td>Diane L Andra</td> <td>11294 W Bluecanyon</td> <td>Boise</td> <td>ID</td> <td>83713</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Partner	Timothy D Andra	11294 W Bluecanyon	Boise	ID	83713	Partner	Diane L Andra	11294 W Bluecanyon	Boise	ID	83713
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5. Organized under the laws of: IDAHO W 21797		6. Signature <u>Tim Andra</u> Date <u>3-17-09</u> Name (Typed or Printed) <u>Timothy D Andra</u> Title <u>Partner</u>																			

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