



## Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to: Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

Sign and date this form and return to the address provided above.

For Office Use Only -FILED-

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	Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300						File #: 000583641  Date Filed: 7/30/2		) PM
SOS Control Number: 3411829		Filir	Filing Status: Inactive-Dissolved (Administrative)						
imited Liability Company (D)			Date Formed: 01/16/2019 Formation Locale: ID						
Name and Mailing Address:			(1) Add or Change Mailing Address:						
SASSY NAILS & SPA LLC			Thom Tran						
9569 BOLSA AVE WESTMINSTER, CA 92683-5904						6380	) S Cubil	i Wa	ш_
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	gent (RA) and Regis	tered Office (	RO) Addre	ess:	(2) Ch		/or RO Address:		
THOM TRAN						ſ			
3363 N CHATTERTON AVE BOISE, ID 83713						,			
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	Nadas The	Registered Offic							
4) Limited Liab hese will not b	ility Companies: Enter i le accepted. Changes h	names and addr	esses of Ma	nagers C	R Membe	rs. Do NOT	put 'same as last yo is needed, please a	ear' or 'sam	ne as above'
Manager/Membe			Busine	ss Addı	ess		City, State,	Zip	
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(5) Signature:	)/1		to the second se		(6) Da	ate: 7	130/24		
(7) Type/Print Name: Thum Tran					(8) Ti	tle:	Mem		
Instructions: 1	egibly complete the form a		check made	payable t	o the Idaho	Secretary of	State for \$30.00.		