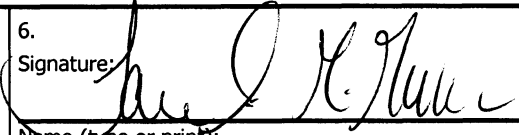


No. W 106404	Reinstatement Annual Report Form ADMIN DISSOLVED 12/17/2013		2. Registered Agent and Office (NOT A P.O. BOX) UNITED STATES CORPORATION AGEN 3006 E GOLDSTONE DR STE 218 MERIDIAN ID 83642 USA
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TREY SALON LLC TARA MCMULLEN 3912 E CLEARSPRINGS DRIVE NAMPA ID 83686		3. <u>New</u> Registered Agent Signature.

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 type="checkbox"/>	Tara McMullen	3912 E. Clearsprings dr.	Nampa	ID	USA	83686
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: <div style="text-align: center; font-weight: bold; margin-top: 20px;"> IDAHO W 106404 </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): <u>Tara McMullen</u> </div> <div style="width: 35%;"> Date: <u>3-1-14</u> <hr/> Title: <u>Owner/mngr.</u> </div> </div>
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Issued 02/05/2014 by CLH