

No. W 106404	Reinstatement Annual Report Form ADMIN DISSOLVED 12/17/2013		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> 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	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.			
<b>REINSTATEMENT FEE DUE: \$30.00</b>						
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:		6.				
IDAHO W 106404		Signature:	Date: <u>3-1-14</u>			
		Name (type or print): <u>Tara McMullen</u>	Title: <u>Owner/Mngr.</u>			

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