

No. W 74903		Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) ANISA SHAFFER 1412 N MAIN ST MERIDIAN ID 83642	
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.  DAY DREAMZ SALON AND DAY SPA LLC  1412 N MAIN ST MERIDIAN ID 83642		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
member	Anisa Shaffer	1412 N Main St.	Meridian	ID	Ada 83642
member	Jeff Shaffer	1412 N Main St	Meridian	ID	Ada 83642

5. Organized Under the Laws of:		6.	
IDAHO W 74903		Signature: <u>Anisa Shaffer</u>	Date: <u>9/23/09</u>
		Name (type or print): <u>Anisa Shaffer</u>	Title: <u>member</u>

Issued 09/15/2009 by SLD

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a **new** registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of management. **Note:** **Do not put "same as last year" or "same as above". These will not be accepted.**

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.