

No. <b>W 103844</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 10/04/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  DEAN C SORENSEN 1423 TYRELL LN BOISE ID 83706
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  KIWI BLUE SALON, LLC CODEE PERRY 389 W PARKCENTER BLVD BOISE ID 83706		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 type="checkbox"/> Member <input type="checkbox"/>	Cody Perry	389 W Park Center blv	Boise	ID		83706
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Codee Perry					
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; font-size: 1.2em;">             IDAHO              W 103844           </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature: <u>Cody Perry</u> </td> <td style="width: 40%;">           Date: <u>10/14/16</u> </td> </tr> <tr> <td>           Name (type or print): <u>Codee Perry</u> </td> <td>           Title: _____         </td> </tr> </table>	Signature: <u>Cody Perry</u>	Date: <u>10/14/16</u>	Name (type or print): <u>Codee Perry</u>	Title: _____
Signature: <u>Cody Perry</u>	Date: <u>10/14/16</u>				
Name (type or print): <u>Codee Perry</u>	Title: _____				

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