



0004783235

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File #: 0004783235

Date Filed: 6/21/2022 1:43:00 PM

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***REINSTATEMENT ANNUAL REPORT**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$30.00

| Reinstatement Annual Report Form   |   |  |      |       |         |           |        |  |
|--|---|--|------|-------|---------|-----------|--------|--|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)   | Standard (filing fee \$30)  |  |      |       |         |           |        |  |
| Current Entity Name  | SOLAR NAILS AND SPA LLC   |  |      |       |         |           |        |  |
| The file number of this entity on the records of the Idaho Secretary of State is:  | 0000402994  |  |      |       |         |           |        |  |
| Organized under the laws of:   | IDAHO   |  |      |       |         |           |        |  |
| Entity Type:   | Limited Liability Company (D)   |  |      |       |         |           |        |  |
| Entity Subtype:  | Limited Liability Company   |  |      |       |         |           |        |  |
| Limited Liability Company Subtype  | Limited Liability Company   |  |      |       |         |           |        |  |
| Limited Liability Company Name:  | SOLAR NAILS AND SPA LLC   |  |      |       |         |           |        |  |
| Limited Liability Company name   | SOLAR NAILS AND SPA LLC   |  |      |       |         |           |        |  |
| The registered agent on record is:   | THU NGOC BUI<br>Registered Agent<br>Physical Address<br>1000 POCATELLO CREEK RD<br>STE E1<br>POCATELLO, ID 83201<br>Mailing Address<br>83201-2952 |  |      |       |         |           |        |  |
| Registered Agent   |   |  |      |       |         |           |        |  |
| The mailing address of the corporation is:   | 1000 POCATELLO CREEK RD<br>STE E1<br>POCATELLO, ID 83201-2952   |  |      |       |         |           |        |  |
| Limited Liability Company Managers and Members   |   |  |      |       |         |           |        |  |
| <table border="1"><thead><tr><th>Name</th><th>Title</th><th>Address</th></tr></thead><tbody><tr><td>THU N BUI</td><td>Member</td><td>1575 SATTERFIELD DR<br/>POCATELLO, ID 83201</td></tr></tbody></table> |   |  | Name | Title | Address | THU N BUI | Member | 1575 SATTERFIELD DR<br>POCATELLO, ID 83201 |
| Name   | Title   | Address                                    |      |       |         |           |        |  |
| THU N BUI  | Member  | 1575 SATTERFIELD DR<br>POCATELLO, ID 83201 |      |       |         |           |        |  |
| The Application for Reinstatement must be signed by at least one governor.   |   |  |      |       |         |           |        |  |
| Job Title: MEMBER (MANAGER)  |   |  |      |       |         |           |        |  |
| Sign Here  |   | Date 6/14/22                               |      |       |         |           |        |  |
| Print & Mail Enclosures  |   |  |      |       |         |           |        |  |
| <input checked="" type="checkbox"/> I understand the document can ONLY be filed if the following items are included:   |   |  |      |       |         |           |        |  |
| This filing form (submit within 30 days) with the required signature(s).   |   |  |      |       |         |           |        |  |
| Filing fee of \$30.00 (if expedited, \$70) payable to Secretary of State; if 24 hour processing, \$100.  |   |  |      |       |         |           |        |  |
| If you are submitting a correction to this amendment, return the correction letter with your updated document.   |   |  |      |       |         |           |        |  |

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