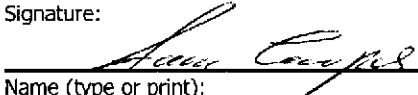


No. W 123210	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) AARON CAMPOS 4497 N HERITAGE VIEW AVE MERIDIAN ID 83646 <u>8457 Donnybrook Dr</u> <u>Boise ID 83709</u>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SALON EDEN LLC NABORA CAMPOS 4497 N HERITAGE VIEW AVE MERIDIAN ID 83646		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
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Aaron Campos 8457 Donnybrook Dr Boise ID 83709		
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-size: 1.2em;"> IDAHO W 123210 </div>		6. Signature: <u></u> Date: <u>3-02-2018</u> Name (type or print): <u>Aaron Campos</u> Title: <u>owner/mgr</u>	

Issued 03/02/2018 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM