




No. W 124913	Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) MELISSA THOMAS 1403 S ROOSEVELT ST BOISE ID 83705
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. MELISSA THOMAS HAIR AND MAKEUP DESIGN, LLC MELISSA THOMAS 1403 S ROOSEVELT ST BOISE ID 83705		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Melissa Thomas	204 S Pearl St.	Boise	ID	USA	83705
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;"> IDAHO W 124913 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 8.17.2014 </td> </tr> <tr> <td> Name (type or print): Melissa Thomas </td> <td> Title: 8.17.2014 </td> </tr> </table>	Signature: 	Date: 8.17.2014	Name (type or print): Melissa Thomas	Title: 8.17.2014
Signature: 	Date: 8.17.2014				
Name (type or print): Melissa Thomas	Title: 8.17.2014				

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