No. C 156511	Reinstatement Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX)	
Return to:	ADMIN DISSOLVED 12/08/2009	CATHERINE DURBORAW	
SECRETARY OF STATE 450 N 4th STREET	1. Mailing Address: Correct in this box if needed.	2375 E SUNNYSIDE RD IDAHO FALLS ID 83404	
PO BOX 83720	CENTER FOR AESTHETICS, P.C.	Ì	
BOISE, ID 83720-0080	CATHERINE DURBORAW	1	
	2375 E SUNNYSIDE RD	3. New Registered Agent Signature.	
; t ; t	IDAHO FALLS ID 83404	terking a company	
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REINSTATEMENT		*	
FEE DUE: \$30.00			
	es and Business Addresses of President, Secretary, Directors		
Office Held Nam	The first contract of the cont	City State Country Postal Code	
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5. Organized Under the Lav	NS OF 6.		
	Signature:	Date: 1/6/10	
IDAHO			ما ء
C 156511	Name (type or print):	Title: Parella	3N 9
	Name (type or print):	ACO INC. INCOMPLE	
Issued 12/22/2009 by SLD	<del>-                                      </del>	President	t
	<u>-                                      </u>		``
TNCT	TRUCTIONS FOR THE IDAHO ANNUA	I REPORT FORM	
i 11421	I TOTALONS FOR THE IDANO MINOR	E REPORT FORM	
Block 1: Pav special att	terition to the mailing address. If the correct address is not give	ven in Block 1, strike it out and write in the	
	To ensure future mailings, the corrected address must be ins		
	registered agent or office, strike the incorrect information an red agent must be at a street address in Idaho; <b>not a Post C</b>		

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

Block 4: Enter names and business addresses of president, secretary, and directors. Note: <u>Do not put</u> "same as last year" 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 corporation. Print or type the name of the signer below the signature.