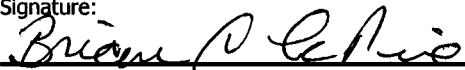


<b>No. W 138287</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/25/2015</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> BRIAN LEPIRE 12527 GAMBRELL STAR ID 83669
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b> BOISE DOG BARBER SHOP, LLC BRIAN LEPIRE 6732 N GLENWOOD ST GARDEN CITY ID 83714		<b>3. <u>New</u> Registered Agent Signature.</b>
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			

**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"/>	BRIAN LEPIRE	1895 MED	ID.	ADA		83642
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

<b>5. Organized Under the Laws of:</b> <div style="text-align: center; padding: 20px;"> <b>IDAHO</b>  <b>W 138287</b> </div>	<b>6.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Signature:</b>    <hr/> <b>Name (type or print):</b>            BRIAN LEPIRE         </div> <div style="width: 35%;"> <b>Date:</b>            11-13-15  <hr/> <b>Title:</b>            OWNER         </div> </div>
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