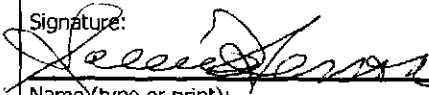
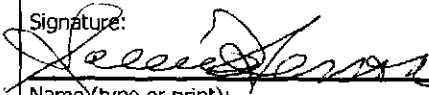
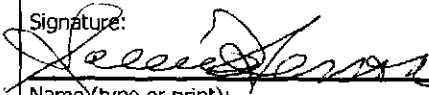


No. W 160647	Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017		2. Registered Agent and Office (NOT A P.O. BOX) SALLIE HERROLD 1907 N 9TH ST <i>2323 W Woodlawn Ave</i> BOISE ID 83702 <i>Boise ID 83702</i>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. STACHE STUDIO LLC (THE) 1319 N 8TH ST BOISE ID 83702		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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 checked="" type="checkbox"/>	Sallie Herrold	2323 W Woodlawn Ave	Boise	ID	USA	83702
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 160647 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): <u>Sallie Herrold</u> </td> <td style="width: 40%;"> Date: <u>5/25/17</u> Title: <u>Manager Member</u> </td> </tr> </table>	Signature:  Name (type or print): <u>Sallie Herrold</u>	Date: <u>5/25/17</u> Title: <u>Manager Member</u>
Signature:  Name (type or print): <u>Sallie Herrold</u>	Date: <u>5/25/17</u> Title: <u>Manager Member</u>		

Issued 05/25/2017 by TLB

INSTRUCTIONS FOR THE TRADING ANNUAL REPORT FORM