


No. W 95764	Reinstatement Annual Report Form ADMIN DISSOLVED 11/17/2015		2. Registered Agent and Office (NOT A P.O. BOX) MECINNA PRICE 4870 BUFFALO RD CHUBBUCK ID 83202																																			
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. NOUVEAU MED SPA & SALON LLC MECINNA PRICE 4870 BUFFALO RD CHUBBUCK ID 83202		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;">Manager or Member</th> <th style="width: 25%; text-align: left;">Name</th> <th style="width: 25%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 15%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Mecinna Price</td> <td>4870 Buffalo Rd</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>Chubbuck ID 83202</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Mecinna Price	4870 Buffalo Rd					Manager <input type="checkbox"/> Member <input type="checkbox"/>		Chubbuck ID 83202					Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Mecinna Price	4870 Buffalo Rd																																				
Manager <input type="checkbox"/> Member <input type="checkbox"/>		Chubbuck ID 83202																																				
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-weight: bold; margin-top: 20px;"> IDAHO W 95764 </div>	6. Signature: <u></u> Name (type or print): <u>MECINNA PRICE</u> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Date: <u>12-31-15</u> Title: _____ </div> </div>																																					
Issued 12/31/2015 by online																																						