

No. W 124913		Reinstatement Annual Report Form ADMIN DISSOLVED 08/31/2016			2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> <u>MELISSA THOMAS</u> <u>204 S PEASLEY STREET</u> <u>BOISE ID 83705</u> <u>3396 S gekeler Ln N103</u> <u>Boise ID 83706</u>																																									
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.  MELISSA THOMAS HAIR AND MAKEUP DESIGN, LLC MELISSA THOMAS 204 S PEASLEY STREET BOISE ID 83705 3396 S gekeler Ln N103 Boise ID 83706			3. New Registered Agent Signature.																																									
REINSTATEMENT FEE DUE: \$30.00																																														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																														
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td>Melissa Thomas</td> <td>3396 S Gekeler Ln</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83706</td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>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 type="checkbox"/>	Member <input type="checkbox"/>	Melissa Thomas	3396 S Gekeler Ln	Boise	ID	USA	83706	Manager <input type="checkbox"/>	Member <input type="checkbox"/>							Manager <input type="checkbox"/>	Member <input type="checkbox"/>							Manager <input type="checkbox"/>	Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  IDAHO W 124913		6.			<p>Signature: <u>M. Thomas</u></p> <p>Name (type or print):</p>																																									
						Date: <u>2/21/18</u>	Title: _____																																							

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM