No. W 130237	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015	2. Registered Agent and Office (NOT A P.O. BOX)
Return to:	ADI-1114 D10004 CD 01/10/2010	PHOEBE MICHELE HAYS
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. DETAILS BOUTIQUE LLC 5314 TILDY LANE AMMON ID 83401	5314 TILDY LANE AMMON ID 83401
		3. New 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 Member Michael Hays 534 Tilbilan Amm Ib 83401		
Manager Member	Michael Hays 534 TILL	in Amm LD 83401
Manager Member		
Manager Member		
Manager Member		
5. Organized Under the La	iws of: 6.	•
IDAHO	Signature: Ulchel Gu	7 Date: 2/1/15
W 130237	Name (type or print): Michele Hays	Title: / amer
Issued 02/10/2015 by onlin	P	t —

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Black 7. To change the resistance agent or office strike the incorrect information and units in the correct information. Mater The office