


<b>No. W 98933</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/10/2014</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> DONALD M LIDSTROM 930 NORTH COLE ROAD BOISE ID 83704
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> CT NAILS AND SPA LLC MINHCHI THI TRUONG 3909 EAST FAIRVIEW MERIDIAN ID 83642 USA		<b>3. New Registered Agent Signature.</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 checked="" type="checkbox"/>	Minhchi Thi Truong	3909 <sup>E</sup> Fairview Suite #1135	Meridian	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; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 98933</div>	<b>6.</b> Signature: <u></u> Date: <u>4-10-14</u> Name (type or print): <u>Minhchi Thi Truong</u> <u>CT NAILS AND SPA LLC</u> Title: <u>Member</u> <u>NAIL SALON</u>
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM