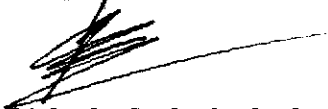


No. W 86112	Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014		2. Registered Agent and Office (NOT A P.O. BOX) JOEY DINH DO 9893 W ANTIETAM BOISE ID 83709
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. LOVELY NAILS, LLC JOEY D DO 9893 W ANTIETAM BOISE ID 83709		3. <u>New</u> Registered Agent Signature.
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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> JOEY DINH DO 9893 W. Antietaam BOISE, ID 83709			
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; font-weight: bold; font-size: large;"> IDAHO W 86112 </div>		6. Signature:  <hr/> Name (type or print): JOEY DO <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: 3-10-15 <hr/> Title: Owner <hr/> </div> </div>	
Issued 03/02/2015 by JL1			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM