

No. W 158640	Reinstatement Annual Report Form ADMIN DISSOLVED 02/24/2017		2. Registered Agent and Office (NOT A P.O. BOX) AMY ALMARAZ <i>3001 W. Pleasanton Ave</i> 11142 W GOLDENSPIRE DR BOISE ID 83709 <i>83702</i>																																			
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. EYE CANDY LLC AMY ALMARAZ 11142 W GOLDENSPIRE DR <i>6477 Fairview Ave</i> BOISE ID 83709 <i>83704</i>		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
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5. Organized Under the Laws of: IDAHO W 158640		6. Signature: <i>Amy Almaraz</i> Date: <i>3-9-2016</i> Name (type or print): <i>Amy Almaraz</i> Title: _____																																				
Issued 03/09/2017 by TLB																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM