




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 83702																																			
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. EYE CANDY LLC AMY ALMARAZ 11142 W GOLDENSPIRE DR <i>6477 Fairview Ave</i> BOISE ID 83709 83704		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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Amy Almaraz</i></td> <td><i>3001 W. Pleasanton Ave</i></td> <td><i>Boise</i></td> <td><i>ID.</i></td> <td><i>Ada</i></td> <td><i>83702</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> 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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Amy Almaraz</i>	<i>3001 W. Pleasanton Ave</i>	<i>Boise</i>	<i>ID.</i>	<i>Ada</i>	<i>83702</i>	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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Issued 03/09/2017 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM