

No. C 112462	Reinstatement Annual Report Form ADMIN DISSOLVED 01/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) DARCY ANNE CHAMBERS 204 E SUPERIOR ST STE 7 SANDPOINT ID 83864 <i>c/o Sand Creek Esthetics</i> <i>214 N. 1st Ave, Ste B</i> <i>Sandpoint, ID 83864</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. DARCY CHAMBERS SKIN CARE, INC. C/O HEAVEN SPA, THE <i>11</i> 424 SANDPOINT AVE 3RD FL <i>1303 West-</i> SEASONS CLUBHOUSE <i>Wood Lane</i> SANDPOINT ID 83864		3. <u>New</u> Registered Agent Signature. <i>Darcy Chambers</i>
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.			
Office Held	Name	Street or PO Address	City State Country Postal Code
<i>President/ Owner</i>	<i>Darcy Chambers</i>	<i>1303 Westwood Lane</i>	<i>ID Sandpoint USA 83864</i>
<i>Secretary/ Treasurer</i>	<i>Marilyn Chambers</i>	<i>1303 Westwood Lane</i>	<i>USA Sandpoint, ID 83864</i>
5. Organized Under the Laws of:		6.	
IDAHO C 112462		Signature: <i>Darcy Chambers</i> Name (type or print): <u>DARCY CHAMBERS</u>	Date: <u>4-7-15</u> Title: <u>President + Owner</u>

Issued 03/03/2015 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM