

No. W 146663		Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017		2. Registered Agent and Office (NOT A P.O. BOX) KELLY MEYER 203 W 11TH AVE POST FALLS ID 83854	
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. INDULGE SALON LLC KELLY MEYER 2600 E SELTICE WAY STE E POST FALLS ID 83854			
REINSTATEMENT FEE DUE: \$30.00				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 type="checkbox"/>		Kelly Meyer		203 W 11th Ave Post Falls Idaho Kootenai 83854	
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:		6.			
IDAHO W 146663		Signature: <i>Kelly Meyer</i>		Date: <i>5/22/2017</i>	
		Name (type or print): <i>Kelly Meyer</i>		Title: <i>owner/manager</i>	
Issued 05/22/2017 by online					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct