

W 96404

<http://www.sos.idaho.gov/CorpPrintForm/display.aspx?enum=W+96...>

No. W 96404	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. JENNY ALLEN ESTHETICS, LLC. JENNY ALLEN 2808 E. BOISE AVE BOISE ID 83706	JENNY ALLEN 2808 E BOISE AVE BOISE ID 83706																																		
3. <u>New</u> Registered Agent Signature.																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jenny Allen</td> <td>2808 E Boise Ave</td> <td>Boise</td> <td>ID</td> <td></td> <td>83706</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 type="checkbox"/>	Jenny Allen	2808 E Boise Ave	Boise	ID		83706	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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5. Organized Under the Laws of: IDAHO W 96404	6. Signature: <u>Jenny Allen</u> Name (type or print): <u>Jenny Allen</u> Date: <u>1-11-16</u> Title: <u>Owner</u>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM