


No. <b>W 118287</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 01/24/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> A1 NAIL SUPPLY LLC 1509 S FIVE MILE RD BOISE ID 83709		HA NGUYEN 1509 S FIVE MILE RD BOISE ID 83709-1374																																				
			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>Ha NGUYEN</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>1509 S. Five mile Rd</td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td>Boise ID 83709</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"/>	Ha NGUYEN						Manager <input type="checkbox"/> Member <input type="checkbox"/>		1509 S. Five mile Rd					Manager <input type="checkbox"/> Member <input type="checkbox"/>		Boise ID 83709					Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 118287</b>		6. Signature:  Name (type or print): <u>Ha NGUYEN</u> Date: <u>04/18/17</u> Title: _____																																					
Issued 04/18/2017 by online																																							