

No. **W 181163**Reinstatement Annual Report Form  
ADMIN DISSOLVED 07/23/20182. Registered Agent and Office  
(NOT A P.O. BOX)JANELLE CORONA  
17070 N SHUPE CT  
NAMPA ID 83687

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.

PRECIOUS HANDS ACADEMY LLC  
JANELLE CORONA  
17070 N SHUPE CT  
NAMPA ID 83687REINSTATEMENT FEE  
DUE: **\$30.00**3. New 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 type="checkbox"/> Member <input checked="" type="checkbox"/> | Janelle Corona | 17070 N. Shupe Ct | Nampa | ID |  | 83687 |
|-----------------------------------------------------------------------------|----------------|-------------------|-------|----|--|-------|

|                                                                             |             |                   |       |    |  |       |
|-----------------------------------------------------------------------------|-------------|-------------------|-------|----|--|-------|
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Jose Corona | 17070 N. Shupe Ct | Nampa | ID |  | 83687 |
|-----------------------------------------------------------------------------|-------------|-------------------|-------|----|--|-------|

|                                                                  |  |  |  |  |  |  |
|------------------------------------------------------------------|--|--|--|--|--|--|
| Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
|------------------------------------------------------------------|--|--|--|--|--|--|

|                                                                  |  |  |  |  |  |  |
|------------------------------------------------------------------|--|--|--|--|--|--|
| Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
|------------------------------------------------------------------|--|--|--|--|--|--|

5. Organized Under the Laws of:

**IDAHO**  
**W 181163**

6.

Signature:

Name (type or print):

Date:

Title:



Janelle Corona

8-21-18

8-22-18

Issued 08/21/2018 by online

BANK  
CREDIT  
STATE