

No. W 107611	Reinstatement Annual Report Form ADMIN DISSOLVED 01/22/2018				
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. COLOR ME GREEN SALON LLC RACHELE WILSON PO BOX 223 KUNA ID 83634				
REINSTATEMENT FEE DUE: \$30.00	2. Registered Agent and Office (NOT A P.O. BOX) RACHELE WILSON 3875 S POWERLINE MELBA ID 83641-8364				
	3. New Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Rachele Wilson 4754 Hwy 45 melba Id. 83641				
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 107611		Signature: <u>Rachele Wilson</u> Name (type or print): <u>Rachele Wilson</u>			
		Date: <u>3/12/18</u> Title: <u>Owner</u>			
Issued 03/12/2018 by online					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM