

No. W 107611	Reinstatement Annual Report Form ADMIN DISSOLVED 01/22/2018		2. Registered Agent and Office (NOT A P.O. BOX) RACHELE WILSON 3875 S POWERLINE MELBA ID 83641-8364				
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. COLOR ME GREEN SALON LLC RACHELE WILSON PO BOX 223 KUNA ID 83634		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"/> Rachele Wilson 4754 Hwy 45 melba Id. 83641							
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: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 107611 </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> Signature: <u>Rachele Wilson</u> </td> <td style="width: 40%;"> Date: <u>3/12/18</u> </td> </tr> <tr> <td> Name (type or print): <u>Rachele Wilson</u> </td> <td> Title: <u>Owner</u> </td> </tr> </table>		Signature: <u>Rachele Wilson</u>	Date: <u>3/12/18</u>	Name (type or print): <u>Rachele Wilson</u>	Title: <u>Owner</u>
Signature: <u>Rachele Wilson</u>	Date: <u>3/12/18</u>						
Name (type or print): <u>Rachele Wilson</u>	Title: <u>Owner</u>						
Issued 03/12/2018 by online							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM