REINSTATEMENT FILED EFFECTIVE

| No. | W 13203 | Annual Report Form ADMIN DISSOLVED 01/04/2008 | 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 FEE DUE \$30.00 | | 1. Mailing Address - Correct in this box, if applicable | I MAILLA SOTTINGON |
| | | HAIR ATELIER, L.L.C. 4766 JAGUAR AVE | BOISE, 1D 83704 |
| | | BOISE, ID 83713 | 3. <u>New</u> registered agent signature |
| Lin Lin | nited Liability Companies: E nited and Limited Liability P ice held Nam | nd Business Addresses of President, Secretary and Dinter Names and Addresses of management. Partnerships: Enter names and addresses of at least two Street or P.O. Address Mule Johnson 47444 | |
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| . Organ | nized under the laws of: | 6. Signature SWALA | aluara Date 1-21-08 |