

No. C 91222		Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) JULIE A HOFER 425 N 2ND E MOUNTAIN HOME ID 83647																						
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. HAIR REFLECTIONS, INC. JULIE HOFER 425 N 2ND E MOUNTAIN HOME ID 83647		3. New Registered Agent Signature.																						
REINSTATEMENT FEE DUE: \$30.00																										
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table> <thead> <tr> <th>Office Held</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>PRES.</td> <td>Julie Hofer</td> <td>425 N 2nd E</td> <td>Mt. Home</td> <td>Id</td> <td>Elmore</td> <td>83647</td> </tr> <tr> <td>V P</td> <td>Albert Hofer</td> <td>425 N 2nd E</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRES.	Julie Hofer	425 N 2nd E	Mt. Home	Id	Elmore	83647	V P	Albert Hofer	425 N 2nd E	"	"	"	"
Office Held	Name	Street or PO Address	City	State	Country	Postal Code																				
PRES.	Julie Hofer	425 N 2nd E	Mt. Home	Id	Elmore	83647																				
V P	Albert Hofer	425 N 2nd E	"	"	"	"																				
5. Organized Under the Laws of: IDAHO C 91222		6. Signature: <u>Julie A Hofer</u> Name (type or print): <u>Julie A Hofer</u> Date: <u>7-1-14</u> Title: <u>PRES</u> <u>7-14-14</u>																								

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM