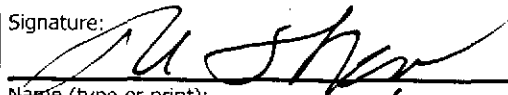
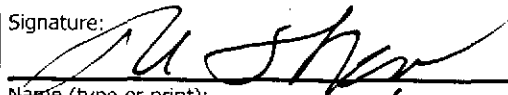
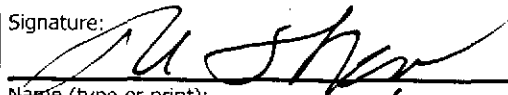


No. <b>W 106793</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/16/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CHARLI SHAW 3351 W ACCIPER DR COEUR D ALENE ID 83815
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> TRACI & CHARLI'S A FULL SERVICE SALON LLC TRACI SHAW 1130 W HAYDEN AVE STE 101 HAYDEN ID 83835 USA		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"/>	Traci Shaw	1130 W Hayden Ave	Hayden	ID	USA	83835
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Charli's Shaw					
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;"> <b>IDAHO</b>  <b>W 106793</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:             Name (type or print): <u>TRACI Shaw</u> </td> <td style="width: 40%;">           Date: <u>5/15/15</u>            Title: <u>Owner</u> </td> </tr> </table>	Signature:  Name (type or print): <u>TRACI Shaw</u>	Date: <u>5/15/15</u> Title: <u>Owner</u>
Signature:  Name (type or print): <u>TRACI Shaw</u>	Date: <u>5/15/15</u> Title: <u>Owner</u>		

Issued 03/31/2015 by SLD

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM