

| No. W 177677 | Reinstatement Annual Report Form ADMIN DISSOLVED 04/30/2018 | | 2. Registered Agent and Office (NOT A P.O. BOX) MICHELLE MADSON 2108 CALDWELL BLVD STE 125 NAMPA ID 83651 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------------------|--|---|----------------------|-------------|-------|---------|-------------|---|----------|--------------------|-------|----|-----|-------|--|--------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| 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. SIMPLY STYLIN SALON LLC MICHELLE MADSON 2108 CALDWELL BLVD STE 125 NAMPA ID 83651 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Michelle</td> <td>2108 Caldwell Blvd</td> <td>Nampa</td> <td>ID</td> <td>USA</td> <td>83651</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>Madsen</td> <td>Suite 125</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Michelle | 2108 Caldwell Blvd | Nampa | ID | USA | 83651 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | Madsen | Suite 125 | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | 3. <u>New</u> Registered Agent Signature. |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Michelle | 2108 Caldwell Blvd | Nampa | ID | USA | 83651 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | Madsen | Suite 125 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 177677 | 6. Signature: <u>Michelle L Madsen</u> Name (type or print): <u>Michelle L Madsen</u> | | | Date: <u>July 17 2018</u> Title: <u>July 17 2018</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |