

No. W 87463	Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013		2. Registered Agent and Office (NOT A P.O. BOX) KATHLEEN MCGRATH 1036 CAMAS LN POCATELLO ID 83204																																			
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. HOUNDSHAIR GROOMING SALON, LLC KATHLEEN D MCGRATH 2141 BANNOCK HWY POCATELLO ID 83204-3619 USA		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="0"> <tr> <td>Manager or Member</td> <td>Name</td> <td>Street or PO Address</td> <td>City</td> <td>State</td> <td>Country</td> <td>Postal Code</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kathleen McGrath</td> <td>2141 Bannock Hwy</td> <td>Pocatello, ID</td> <td></td> <td></td> <td>83204</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> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kathleen McGrath	2141 Bannock Hwy	Pocatello, ID			83204	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>									
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kathleen McGrath	2141 Bannock Hwy	Pocatello, ID			83204																																
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: IDAHO W 87463	6. Signature: <u>Kathleen McGrath</u> Date: <u>2-4-2013</u> Name (type or print): <u>KATHLEEN M^cGrath</u> Title: <u>Manager</u>																																					
Issued 01/23/2013 by DK1																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM