

No. <b>W 11945</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/07/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CORRIE ORR <del>525 ADAMS</del> <b>2454 E. 950 S.</b> <del>KIMBERLY ID 83341</del> <b>HAZELTON</b> <b>ID. 83335</b>
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> UTOPIA SALON, L.L.C. CORRIE ORR 2454 E 950 S HAZELTON ID 83335		3. <u>New</u> Registered Agent Signature.

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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"/>	Corrie Orr 2454 E. 950 S. Hazelton ID 83335						
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:  <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 11945</div>	6. <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;">           Signature:  </td> <td style="border-bottom: 1px solid black; width: 40%;">           Date:            9/13/17         </td> </tr> <tr> <td style="border-bottom: 1px solid black;">           Name (type or print):            Corrie Orr         </td> <td style="border-bottom: 1px solid black;">           Title:            manager         </td> </tr> </table>	Signature: 	Date: 9/13/17	Name (type or print): Corrie Orr	Title: manager
Signature: 	Date: 9/13/17				
Name (type or print): Corrie Orr	Title: manager				

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