

No. <b>W 16651</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 01/14/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MARIA N FITZHUGH 2400 OVERLAND AVE BURLEY ID 83318
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> HAIR FORCE, L.L.C. MARIA N FITZHUGH 2400 OVERLAND AVE BURLEY ID 83318		3. <u>New</u> Registered Agent Signature. <div style="text-align: center; font-size: 1.5em;">N/A</div>
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"/> <i>MARIA N Fitzhugh 2400 Overland Ave Burley, ID, USA 83318</i>			
Manager <input checked="" 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-size: 1.2em;"> <b>IDAHO</b>  <b>W 16651</b> </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           Signature: <i>[Signature]</i>            Name (type or print): <i>MARIA N. Fitzhugh Julie Bean</i> </div> <div>           Date: <i>3-19-13</i>            Title: <i>Manager,</i> </div> </div>	
Issued 03/08/2013 by SLD			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM