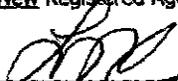


No. <b>W 129647</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> LY YOUNG 863 W FALCON BLACKFOOT ID 83221																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE          DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. LY'S NAIL SALON, LLC LY YOUNG <del>863 W FALCON</del> <del>BLACKFOOT ID 83221</del> 1010 W Bridge St Blackfoot, ID 83221		3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>LY YOUNG</td> <td>863 W Falcon</td> <td>Blackfoot</td> <td>ID</td> <td>US</td> <td>83221</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> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LY YOUNG	863 W Falcon	Blackfoot	ID	US	83221	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center;"><b>IDAHO W 129647</b></div>	6. Signature:  Name (type or print): <u>LY YOUNG</u> Date: <u>4-20-15</u> Title: <u>member</u>																																					

Issued 04/20/2015 by online

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the