No. W 135896	Reinstatement Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX)
Return to:	ADMIN DISSOLVED 06/12/2015	MARIA MADRIGAL
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ESTILO BEAUTY SALON, LLC 1563 FILMORE ST STE 2C/D TWIN FALLS ID 83301	719 16TH AVE E JEROME ID 83338
REINSTATEMENT FEE		3. New Registered Agent Signature.
DUE: \$30.00		
<ol> <li>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</li> <li>Manager or Member Name Street or PO Address City State Country Postal Code</li> </ol>		
Manager Member 🗹	Yolanda Contora 1563 Fellmora St, St	ta 2C Tww Falls, ID 83301
Manager		
Manager  Member		
Manager  Member		
5. Organized Under the Lav	ws of: 6.	
IDAHO	Signature: Unille and Cintu	Date: 02/29/2016
W 135896	Name (type or print):	Title: Member
	Yolanda Cintora	Member
Issued 02/24/2016 by SLD		

## **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 correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.