

No. C 211047	Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017		2. Registered Agent and Office (NOT A P.O. BOX)														
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. OHN'S KITCHEN INC. ORANET NAIL 289 COMEBACK BAY LN SAGLE ID 83860		ORANET NAIL 289 COMEBACK BAY LN SAGLE ID 83860														
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td><i>PRESIDENT</i></td> <td><i>ORANET NAIL</i></td> <td><i>289 COMEBACK BAY LN</i></td> <td><i>SAGLE</i></td> <td><i>ID</i></td> <td><i>BONNER</i></td> <td><i>83860</i></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	<i>PRESIDENT</i>	<i>ORANET NAIL</i>	<i>289 COMEBACK BAY LN</i>	<i>SAGLE</i>	<i>ID</i>	<i>BONNER</i>	<i>83860</i>
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5. Organized Under the Laws of: IDAHO C 211047	6. Signature: <i>Oranet Nail</i> Name (type or print): <i>ORANET NAIL</i>		Date: <i>1/18/2018</i> Title: <i>PRESIDENT</i>														
Issued 01/11/2018 by TLB																	