

No. W 19902	Reinstatement Annual Report Form ADMIN DISSOLVED 10/10/2007				2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> FRANKLIN DINH 2160 BROADWAY BOISE ID 83706	
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. P S NAILS LLC 2160 BROADWAY BOISE ID 83706					
<b>REINSTATEMENT FEE</b> <b>DU<sup>E</sup>: \$30.00</b>					3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	THUY MCCANN - 1985 W KRISTEN WAY MERIDIAN ID 83646					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of:  IDAHO W 19902		6. Signature:  Name (type or print): THUY MCCANN		Date: <u>9/26/2012</u> Title:		

Issued 09/26/2012 by CLH

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM