SECRETARY OF STATE 450 N 4th STREET PO BOX 83720-0080 I. Mailing Address: Correct in this box if needed. J & O DRYWALL LLC MANUEL JARAMILLO 19743 SUSQUEHANNA WAY CALDWELL ID 83605 REINSTATEMENT FEE DUE: \$30.00 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 Member Manuel Jaramillo Caldwill, ID, USA 83605 Manager Member Member Manager Member Member Member Manager Member Member Member Member Manager Member Member Member Member Member Manager Member Member	No. W 177621	Reinstatement Annual Report Form ADMIN DISSOLVED 04/30/2018	2. Registered Agent and Office (NOT A P.O. BOX) MANUEL JARAMILLO	
A. 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 Member Manual Javanillo Caldwill, ID, USA 83405 Manager Member Member Member Member Member Manager Member Member Member Member 5. Organized Under the Laws of: IDAHO W 177621 Manual Javanillo University Member Mem	SECRETARY OF STATE 450 N 4th STREET PO BOX 83720	J & O DRYWALL LLC MANUEL JARAMILLO 19743 SUSQUEHANNA WAY	19743 SUSQUEHANNA WAY	
Manager or Member Name Street or PO Address City State Country Postal Code			3. <u>New</u> Registered Agent Signature.	
Manager ☐ Member ☐ 19743 SUSQUENANNA WAY Manager ☐ Member ☐ Manager ☐ Member ☐ 6. 5. Organized Under the Laws of: 6. Signature: Date: 5/3/18 W 177621 Name (type or print): Title: Manual Jaramillo UC Mempe	Manager or Member Name Street or PO Address City State Country Postal Code			
Manager Momber 5 5. Organized Under the Laws of: IDAHO W 177621 Name (type or print): Manuel Jaramillo UC Memor	(
5. Organized Under the Laws of: IDAHO W 177621 Name (type or print): Manuel Jaramillo UC Memp	Manager Member			
IDAHO W 177621 Name (type or print): Manuel Jaramillo Date: 5/3/18 Title: Manuel Jaramillo UC Memp	Manager Member M			
Issued 05/03/2018 by pniine				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM