

| No. W 177621 | Reinstatement Annual Report Form ADMIN DISSOLVED 04/30/2018 | | 2. Registered Agent and Office (NOT A P.O. BOX) MANUEL JARAMILLO 19743 SUSQUEHANNA WAY CALDWELL ID 83605 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|-------------------|---------|----------------------|------|-------|---------|-------------|---|------------------|-----------------------|----------|----|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. J & O DRYWALL LLC MANUEL JARAMILLO 19743 SUSQUEHANNA WAY CALDWELL ID 83605 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REINSTATEMENT FEE DUE: \$30.00 | | | 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Manuel Jaramillo</td> <td>19743 Susquehanna Way</td> <td>Caldwell</td> <td>ID</td> <td>USA</td> <td>83605</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"/> | Manuel Jaramillo | 19743 Susquehanna Way | Caldwell | ID | USA | 83605 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Manuel Jaramillo | 19743 Susquehanna Way | Caldwell | ID | USA | 83605 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 177621 | | 6. Signature: <u>Manuel Jaramillo</u> Date: <u>5/3/18</u> Name (type or print): <u>Manuel Jaramillo</u> Title: <u>LLC Member</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Issued 05/03/2018 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM