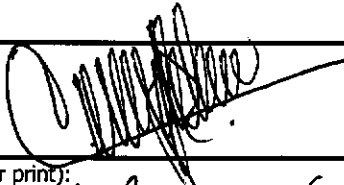


No. W 39225 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012 1. Mailing Address: Correct in this box if needed. NEW HOPE/NUEVA ESPERANZA LLC MAGDALENA SOTO-ROBLES 2002 BLOSSOM PL MERIDIAN ID 83646	2. Registered Agent and Office (NOT A P.O. BOX) MAGDALENA SOTO-ROBLES 2002 BLOSSOM PL MERIDIAN ID 83646 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;">Manager or Member</th> <th style="width: 30%; text-align: left;">Name</th> <th style="width: 25%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 10%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Magdalena Soto</td> <td>2002 Blossom Pl.</td> <td>Meridian</td> <td>ID</td> <td></td> <td>83646</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Edgar N. Soto</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Manuel A. Soto</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Magdalena Soto	2002 Blossom Pl.	Meridian	ID		83646	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Edgar N. Soto	/	/	/	/	/	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Manuel A. Soto	/	/	/	/	/	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 39225</div>	6. Signature:  <hr/> Name (type or print): <u>Magdalena Soto</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <u>9-7-12</u> Title: <u>Manager</u> </div> </div>																																				
Issued 09/07/2012 by JL1																																					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM