

No. W 164148	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		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. LC LIONEL'S CONCRETE LLC LIONEL ROSALES 616 LASTER ST CALDWELL ID 83607		LIONEL ROSALES 616 LASTER ST CALDWELL ID 83607																																			
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Lionel Rosales</td> <td>616 Laster st</td> <td>Caldwell</td> <td>ID</td> <td></td> <td>83607</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jesus Leonel Rosales Duran</td> <td>616 Laster st</td> <td>Caldwell</td> <td>ID</td> <td></td> <td>83607</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Lionel Rosales	616 Laster st	Caldwell	ID		83607	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jesus Leonel Rosales Duran	616 Laster st	Caldwell	ID		83607	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 164148	6. Signature: <u><i>Lionel Rosales</i></u> Date: <u>01-23-18</u> Name (type or print): <u>Lionel Rosales</u> Title: <u>Manager</u>																																					
Issued 01/23/2018 by TLB																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM