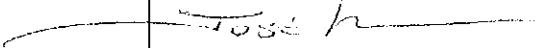
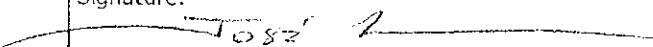
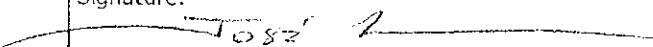
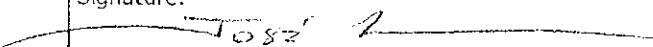


No. <b>W 111402</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/10/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JOSE H OLIVAS 3940 MCREYNOLDS AVE FELT ID 83424																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> AMMEX INVESTMENTS LLC PO BOX 51 TETONIA ID 83452		3. <u>New</u> Registered Agent Signature. 																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>																																						
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>Humberto O. Olivas</td> <td>P.O. Box 51</td> <td>Tetonia</td> <td>ID</td> <td></td> <td>83452</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Rosalba OLIVAS</td> <td>P.O. Box 51</td> <td>Tetonia</td> <td>ID</td> <td></td> <td>83452</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"/>	Humberto O. Olivas	P.O. Box 51	Tetonia	ID		83452	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Rosalba OLIVAS	P.O. Box 51	Tetonia	ID		83452	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"/>	Humberto O. Olivas	P.O. Box 51	Tetonia	ID		83452																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Rosalba OLIVAS	P.O. Box 51	Tetonia	ID		83452																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <b>IDAHO W 111402</b>		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: <u>2-25-2015</u></td> </tr> <tr> <td>Name (type or print): <u>Jose H. OLIVAS</u></td> <td>Title: <u>Agent</u></td> </tr> </table>		Signature: 	Date: <u>2-25-2015</u>	Name (type or print): <u>Jose H. OLIVAS</u>	Title: <u>Agent</u>																															
Signature: 	Date: <u>2-25-2015</u>																																					
Name (type or print): <u>Jose H. OLIVAS</u>	Title: <u>Agent</u>																																					


**SIGN  
& DATE**

Issued 02/25/2015 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**