

No. W 135978		Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX) MAIRA OVALLE 309 PLYMOUTH ST 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. BETANIA FRAMING LLC MAIRA OVALLE 309 PLYMOUTH ST CALDWELL ID 83605		3. New Registered Agent Signature.	
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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Maira Ovalle 309 Plymouth St Caldwell ID 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:		6.			
IDAHO W 135978		Signature: 		Date: 4/5/16	
		Name (type or print): Maira Ovalle		Title:	

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM