


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. <u>New</u> 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: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 135978</div>	6. Signature:  <hr/> Name (type or print): <hr/>	Date: <u>4/5/16</u> <hr/> Title:
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Issued 04/05/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM