

W 135945

Page 1 of 4

No. <b>W 135945</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JOSE J ALMANZA #19 KIT CIRCLE SAINT ANTHONY ID 83445																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> LA MEXICANA LLC. PO BOX 72 SAINT ANTHONY ID 83445																																					
3. <u>New</u> Registered Agent Signature.																																						
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>Jose J Almanza</td> <td>#19 Kit Circle</td> <td>St. Anthony</td> <td>Id</td> <td></td> <td>83445</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> <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"/>	Jose J Almanza	#19 Kit Circle	St. Anthony	Id		83445	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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:  <b>IDAHO W 135945</b>		6. Signature: <u>Jose Almanza</u> Date: <u>6/23/15</u> Name (type or print): <u>Jose J. Almanza</u> Title: <u>Member</u>																																				

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**