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No. W 54369	Reinstatement Annual Report Form ADMIN DISSOLVED 12/17/2013		2. Registered Agent and Office (NOT A P.O. BOX) HEMBERTO MEDINA 639 E FULL MOON ST KUNA ID 83634																																		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. G.T.O. CONCRETE, LLC 639 E FULL MOON ST KUNA ID 83634																																				
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 ☒ Member ☐</td> <td><i>Humberto Medina</i></td> <td><i>639 E. Full Moon St.</i></td> <td><i>Kuna</i></td> <td><i>Id</i></td> <td><i>83634</i></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td><i>Juan Medina</i></td> <td><i>11</i></td> <td><i>11</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	<i>Humberto Medina</i>	<i>639 E. Full Moon St.</i>	<i>Kuna</i>	<i>Id</i>	<i>83634</i>		Manager ☐ Member ☒	<i>Juan Medina</i>	<i>11</i>	<i>11</i>				Manager ☐ Member ☐							Manager ☐ Member ☐							
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5. Organized Under the Laws of: IDAHO W 54369	6. Signature: <i>Humberto Medina C.</i> Name (Type or print)		Date: <i>01-05-14</i> Title:																																		

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