


No. W 89638	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2012		2. Registered Agent and Office (NOT A P.O. BOX) ANTONIO C DE BACA 1503 SALEM ST BOISE ID 83705
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. NEW AGE PROPERTY MANAGEMENT LLC ANTONIO F CABEZA DE BACA PO BOX 5895 BOISE ID 83705 USA		3. <u>New</u> Registered Agent Signature.
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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Antonio C. de Baca P.O. Box 5895 Boise ID USA 83705		
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-weight: bold; font-size: 1.2em;"> IDAHO W 89638 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>Antonio C. de Baca</u> </div> <div style="width: 35%;"> Date: <u>5-1-12</u> Title: <u>Manager</u> </div> </div>	
Issued 05/01/2012 by LIC			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM