

No. W 160280	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		2. Registered Agent and Office (NOT A P.O. BOX) CHRISTA GRIFFIN 5419 N BEAHAM AVE MERIDIAN ID 83646																																			
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. EL GUAPO LLC 5419 N BEAHAM AVE MERIDIAN ID 83646		3. New Registered Agent Signature: <i>[Signature]</i>																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>CHRISTA GRIFFIN</td> <td>5419 N. BEAHAM AVE</td> <td>MERIDIAN,</td> <td>ID</td> <td>USA</td> <td>83646</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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	CHRISTA GRIFFIN	5419 N. BEAHAM AVE	MERIDIAN,	ID	USA	83646	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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 160280 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <i>[Signature]</i> </td> <td style="width: 40%;"> Date: <u>4-1-17</u> </td> </tr> <tr> <td> Name (type or print): <u>CHRISTA GRIFFIN</u> </td> <td> Title: <u>MANAGER</u> </td> </tr> </table>		Signature: <i>[Signature]</i>	Date: <u>4-1-17</u>	Name (type or print): <u>CHRISTA GRIFFIN</u>	Title: <u>MANAGER</u>																															
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Name (type or print): <u>CHRISTA GRIFFIN</u>	Title: <u>MANAGER</u>																																					
Issued 03/28/2017 by TLB																																						