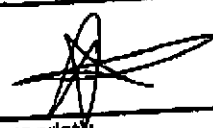


No. <b>W 113898</b>		<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/14/2017</b>																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PUERTO VALLARTA #1 ORTEGA, LLC YESENIA HERNANDEZ 340 E ANDERSON IDAHO FALLS ID 83402																																				
REINSTATEMENT FEE DUE: \$30.00		2. Registered Agent and Office (NOT A P.O. BOX) YESENIA R HERNANDEZ 340 E ANDERSON IDAHO FALLS ID 83402																																				
		3. New Registered Agent Signature.																																				
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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td><td>Yesenia R Hernandez</td><td>340 E Anderson St</td><td>Idaho Falls</td><td>ID</td><td></td><td>83402</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"/>	Yesenia R Hernandez	340 E Anderson St	Idaho Falls	ID		83402	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Yesenia R Hernandez	340 E Anderson St	Idaho Falls	ID		83402																																
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:  <b>IDAHO</b> <b>W 113898</b>		6. Signature:  Name (type or print): <u>Yesenia Hernandez</u> Date: <u>9/12/17</u> Title: <u>Owner/Manager</u>																																				