

No. W 33627	Reinstatement Annual Report Form ADMIN DISSOLVED 01/24/2017		2. Registered Agent and Office (NOT A P.O. BOX) RAFAEL GALLEGOS 318 CALDWELL BLVD CALDWELL ID 83651 Nampa ID 83651																																			
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. ESCORPION DRYWALL, LLC RAFAEL GALLEGOS 5001 W USTICK #1 CALDWELL, ID 83605		3. <u>New</u> Registered Agent Signature.																																			
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="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Rafael Gallegos</td> <td>5001 W Ustick #1</td> <td>Caldwell</td> <td>ID</td> <td></td> <td>83605</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"/>	Rafael Gallegos	5001 W Ustick #1	Caldwell	ID		83605	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 33627 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Rafael Peña Gallegos</u> </td> <td style="width: 40%;"> Date: <u>3/2/17</u> </td> </tr> <tr> <td> Name (type or print): <u>Rafael Gallegos</u> </td> <td> Title: <u>LLC Member</u> </td> </tr> </table>		Signature: <u>Rafael Peña Gallegos</u>	Date: <u>3/2/17</u>	Name (type or print): <u>Rafael Gallegos</u>	Title: <u>LLC Member</u>																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM