

No. W 108494	Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) MICHELLE D AREVATO 1825 W WOODVALLEY ST EAGLE ID 83616
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. MAJIA, LLC MICHELLE D AREVALO 1825 W WOODVALLEY ST EAGLE ID 83616		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"/>	Michelle Arevalo	1825 W. Woodvalley	Eagle	ID		83616
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;"> IDAHO W 108494 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Michelle</u> </td> <td style="width: 40%;"> Date: <u>7-7-16</u> </td> </tr> <tr> <td> Name (type or print): <u>Michelle Arevalo</u> </td> <td> Title: <u>managing member</u> </td> </tr> </table>	Signature: <u>Michelle</u>	Date: <u>7-7-16</u>	Name (type or print): <u>Michelle Arevalo</u>	Title: <u>managing member</u>
Signature: <u>Michelle</u>	Date: <u>7-7-16</u>				
Name (type or print): <u>Michelle Arevalo</u>	Title: <u>managing member</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM