

FILED EFFECTIVE

No. W 159510	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		2. Registered Agent and Office (NOT A P.O. BOX) REYNALDO FUENTES ORTIZ 1504 WASHINGTON ST MERIDIAN ID 83642																																				
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. FUENTES CONSTRUCTION LLC 1504 WASHINGTON ST MERIDIAN ID 83642		3. <u>New</u> Registered Agent Signature.																																				
REINSTATEMENT FEE DUE: \$30.00		3174 N. Esquire Dr. #201 Boise, Idaho 83704																																					
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 ☒ Member ☐</td> <td>Reinaldo Fuentes Ortiz</td> <td>3174 N. Esquire Dr. #201</td> <td>Boise</td> <td>Idaho</td> <td>USA</td> <td>83704</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	Reinaldo Fuentes Ortiz	3174 N. Esquire Dr. #201	Boise	Idaho	USA	83704	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 159510		6. Signature: <u>Fuentes Ortiz</u> Date: <u>05-5-17</u> Name (Type or print): <u>Reinaldo Fuentes Ortiz</u> Title: <u>Owner</u>																																					