

No. C 130451	Reinstatement Annual Report Form ADMIN DISSOLVED 12/17/2013		2. Registered Agent and Office (NOT A P.O. BOX) JOSE PEREZ MARIN 677-C FILER AVENUE TWIN FALLS ID 83301																					
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. GARIBALDIS RESTAURANT, INC. JOSE PEREZ 677-C FILER AVENUE PO Box 5399 TWIN FALLS ID 83303-5399																							
3. <u>New</u> Registered Agent Signature.																								
Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</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>Vice President</td> <td>Rocio Perez</td> <td>603 Ridge Cir</td> <td>Kimberly</td> <td>ID</td> <td>USA</td> <td>83341</td> </tr> <tr> <td>President</td> <td>Jose M Perez</td> <td>603 Ridge Cir</td> <td>Kimberly</td> <td>ID</td> <td>USA</td> <td>83341</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Vice President	Rocio Perez	603 Ridge Cir	Kimberly	ID	USA	83341	President	Jose M Perez	603 Ridge Cir	Kimberly	ID	USA	83341
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5. Organized Under the Laws of: IDAHO C 130451	6. Signature:  Name (type or print): <u>Jose Perez Marin</u>			Date: <u>3-3-15</u> Title: <u>3-3-15</u>																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM