No. W 60429	Deinstatement Annual Depart Form	2. Registered Agent and Office (NOT A	
No. VV 00-129	Reinstatement Annual Report Form ADMIN DISSOLVED 06/04/2009	P.O. BOX) SANTOS TEJADA-ALVARADO	
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.	1225 S BENEWAH ST	
		NAMPA ID 83686	
	SANTOS SIDING, LLC SANTOS TEJADA-ALVARADO 1225 S BENEWAH ST NAMPA ID 83686		
		3. New Registered Agent Signature.	
1			
REINSTATEMENT			
FEE DUE: \$30.00			
4. Limited Liability Compani	es: Enter Names and Addresses of Managers OR Members.		
Office Held Nam	e Street or PO Address	City State Country Postal Code	
Manager Sunt	00 Tejoda Alvardo 1225 S Benav	sh Nampa ID 83651	
	90000		
	•		
		No.	
	•		
·			
5. Organized Under the Law:	s of: 6.		
·			
IDAHO	Signature: SAUTOS TEIAN	9-A Date: 7-22-06	
W 60429			
VV UUTES	Name (type or print): Sources Teigo	b Alvardo Title: Manage	
Issued 07/22/2009 by SL1			
בייים מיוברוביים טל שרד			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. Note: <u>Do not</u> put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.