

No. W 24772 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013 1. Mailing Address: Correct in this box if needed. LO NATURAL, LLC RAMON OCHOA PO BOX 1497 CALDWELL ID 83606	2. Registered Agent and Office (NOT A P.O. BOX) RAMON OCHOA 318 S KIMBALL 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="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 30%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Ramon Ochoa</td> <td>PO Box 1497</td> <td>Caldwell</td> <td>ID</td> <td>USA</td> <td>83606</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Juanita Aguilar</td> <td>PO Box 1497</td> <td>Caldwell</td> <td>ID</td> <td>USA</td> <td>83606</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></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"/>	Ramon Ochoa	PO Box 1497	Caldwell	ID	USA	83606	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Juanita Aguilar	PO Box 1497	Caldwell	ID	USA	83606	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-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 24772</div>	6. Signature: <u>Ramon Ochoa</u> Name (type or print): <u>Ramon Ochoa</u> <div style="float: right; text-align: right;"> Date: <u>9-25-13</u> Title: <u>Member</u> </div>																																				
Issued 09/25/2013 by DK1																																					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM