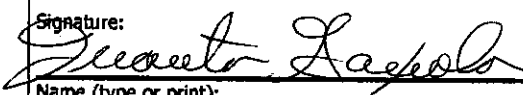


<b>No. W 94823</b>		<b>Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2011</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> MIGUEL GAXIOLA <del>2051 MAPLE AVE</del> 2680 9th Ave East TWIN FALLS ID 83301																																				
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b> GAXIOLA LLC JUANITA GAXIOLA 203 S 1200 W MURTAUGH ID 83344																																						
<b>REINSTATEMENT FEE DUE: \$30.00</b>				<b>3. New Registered Agent Signature.</b>																																				
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																								
<table><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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td>Juanita Gaxiola</td><td>203 S 1200 W Murtaugh ID</td><td></td><td></td><td></td><td>83344</td></tr><tr><td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td><td>Miguel Gaxiola</td><td>2680 9th Ave East,</td><td>Twin Falls ID</td><td></td><td></td><td>83301</td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Juanita Gaxiola	203 S 1200 W Murtaugh ID				83344	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Miguel Gaxiola	2680 9th Ave East,	Twin Falls ID			83301	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  IDAHO W 94823		<b>6.</b> Signature:  Name (type or print): Juanita Gaxiola Date: 12-10-2012 Title: Manager																																						
Issued 12/10/2012 by CLH																																								