

No. W 91277	Reinstatement Annual Report Form ADMIN DISSOLVED 06/14/2011		2. Registered Agent and Office (NOT A P.O. BOX) SANDRA CASTILLO <i>Christopher Castillo</i>														
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. LAGO AZUL MEXICAN RESTAURANT LLC SANDRA CASTILLO 14 W CROY ST HAILEY ID 83333		14 W CROY ST HAILEY ID 83333 3. New Registered Agent Signature: <i>Christopher Castillo</i>														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																	
<table border="0"><tr><td>☒ Manager</td><td>Name <i>Christopher Castillo</i></td><td>Street or PO Address <i>14 W. Croy St</i></td><td>City <i>Hailey</i></td><td>State <i>ID</i></td><td>Country <i>Blaine</i></td><td>Postal Code <i>83333</i></td></tr><tr><td colspan="7">Manager Member (circle one)</td></tr></table>				☒ Manager	Name <i>Christopher Castillo</i>	Street or PO Address <i>14 W. Croy St</i>	City <i>Hailey</i>	State <i>ID</i>	Country <i>Blaine</i>	Postal Code <i>83333</i>	Manager Member (circle one)						
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5. Organized Under the Laws of: IDAHO W 91277		6. <table border="0"><tr><td>Signature: <i>Christopher Castillo</i></td><td>Date: <i>10/21/11</i></td></tr><tr><td>Name (type or print): <i>Christopher Castillo</i></td><td>Title: <i>10/21/11</i></td></tr></table>		Signature: <i>Christopher Castillo</i>	Date: <i>10/21/11</i>	Name (type or print): <i>Christopher Castillo</i>	Title: <i>10/21/11</i>										
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