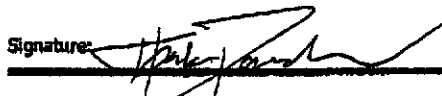
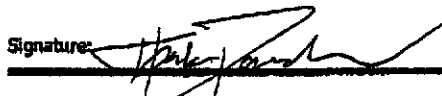
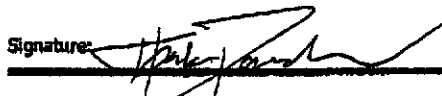


FILED EFFECTIVE

| No. W 97053 | | Reinstatement Annual Report Form ADMIN DISSOLVED 01/13/2012 | | 2. Registered Agent and Office (NOT A P.O. BOX) HERIBERTO PAREDES 325 E 4TH N ST ANTHONY ID 83445 | | | | | | | | | | | | | | | |
|---|--------------------------|--|--------------------|---|------------|---|----------------------|--|---------------------|-------|---------|-------------|-------------------------------|--------------------------|-------------------|--------------------|-----------|------------|--------------|
| 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. BETO PAREDES, LLC 325 E 4TH ST ANTHONY ID 83445 PO Box 162 St. Anthony ID 83445 | | 3. New Registered Agent Signature. | | | | | | | | | | | | | | | |
| REINSTATEMENT FEE DUE: \$30.00 | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | | | | | | | | | | | | | | |
| <table border="1"><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 (Member) (circle one)</td><td>Heriberto Paredes</td><td>PO Box 162</td><td>St. Anthony</td><td>ID</td><td>USA</td><td>83445</td></tr></tbody></table> | | | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager (Member) (circle one) | Heriberto Paredes | PO Box 162 | St. Anthony | ID | USA | 83445 |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | |
| Manager (Member) (circle one) | Heriberto Paredes | PO Box 162 | St. Anthony | ID | USA | 83445 | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 97053 | | 6. <table border="1"><tr><td>Signature: </td><td>Date: 1/30/12</td></tr><tr><td>Name (type or print): Heriberto Paredes</td><td>Title: owner</td></tr></table> | | | | Signature:  | Date: 1/30/12 | Name (type or print): Heriberto Paredes | Title: owner | | | | | | | | | | |
| Signature:  | Date: 1/30/12 | | | | | | | | | | | | | | | | | | |
| Name (type or print): Heriberto Paredes | Title: owner | | | | | | | | | | | | | | | | | | |
| Issued 01/30/2012 by DK1 | | | | | | | | | | | | | | | | | | | |

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: Circle either Member or Manager. Enter names and business addresses of managers or members of the limited liability company. **Note:** Do not 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.