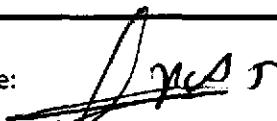


<p>No. W 61579</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>		<p>Reinstatement Annual Report Form ADMIN DISSOLVED 07/15/2014</p> <p>1. Mailing Address: Correct in this box if needed. ALTAMIRANO BROS. MASONRY LLC ADOLFO ALTAMIRANO PO BOX 74 ASHTON ID 83420</p>	<p>2. Registered Agent and Office (NOT A P.O. BOX) ADOLFO ALTAMIRANO 74 CHERRY ST ASHTON ID 83420</p>																																			
<p>3. <u>New</u> Registered Agent Signature.</p>																																						
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>FELIX ALTA MIRANO</td> <td>P.O. Box 35</td> <td>ASHTON, ID</td> <td>83420</td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ADOLFO ALTAMIRANO</td> <td>Po. Box 74</td> <td>ASHTON, ID</td> <td>83420</td> <td>(FREMONT)</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> <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 type="checkbox"/> Member <input checked="" type="checkbox"/>	FELIX ALTA MIRANO	P.O. Box 35	ASHTON, ID	83420			Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ADOLFO ALTAMIRANO	Po. Box 74	ASHTON, ID	83420	(FREMONT)		Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of:</p> <p>IDAHO W 61579</p>		<p>6.</p> <p>Signature: </p> <p>Name (type or print): <u>Adolfo Altamirano</u></p>																																				
		<p>Date: <u>8/27/014</u></p> <p>Title:</p>																																				

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