| No. W 52133 | Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013 | 2. Registered Agent and Office (NOT A P.O. BOX) | |
|--|---|--|--|
| SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. CAFE LEKU, L.L.C. LORI L. BADIOLA 404 US HWY 95 HOMEDALE ID 83628 USA | LORI BADIOLA 404 US HWY 45 HOMEDALE ID 83628 | |
| REINSTATEMENT FEE DUE: \$30.00 | | 3. New Registered Agent Signature | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | |
| Manager or Member Name Street or PO Address City State Country Postal Code | | | |
| | Lori Badida 3783 Huyes Honed | | |
| Manager Member 1 Ban Badida 11 11 11 11 11 11 11 11 | | | |
| Manager Member | | | |
| Manager Member | | | |
| 5. Organized Under the Law | rs of: 6. | 11.0 | |
| IDAHO | Signature: | Date: 10/1/13 | |
| W 52133 | Name (type or print): | | |
| | Lin L. Badidu | Clure Man | |
| Issued 09/19/2013 by JL1 | | | |
| INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM | | | |
| Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing 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 must | stered agent or office, strike the incorrect information and writ be at a street address in Idaho, not a Post Office Box or P o | te in the correct information. Note: The office ersonal Mail Box. | |
| Block 3: Only a new registered agent must sign in Block 3. | | | |
| windary. Hote: <u>DU NUI</u> D U | per or Manager. Enter names and business addresses of mar it "same as last year" or "same as above". These will no c 1. If more space is needed please add an attachment. | nagers or members of the limited liability of be accepted. Changes here will not | |
| Block 5: May not be altered | through the use of this form. | | |
| Block 6: The annual report n the signer below the signature | nust be signed by a person authorized to represent the limited e. | l liability company. Print or type the name of | |
| stst The image of this form will be available on the internet once it has been filed. DO <u>NOT</u> enter Social Security numbers | | | |
| If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301. | | | |

If the document is incorrect, is there a telephone number to reach you for corrections?