

|                                                                                                                                                        |                  |                                                                                                                                                   |       |                                                    |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------------|--|
| No. <b>W 90435</b>                                                                                                                                     |                  | <b>Due no later than Feb 28, 2017</b>                                                                                                             |       | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |                   |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>TORTILLERIA ZIMAPAN, LLC<br>MARTIN GUTIERREZ<br>15 W MAIN ST<br>REXBURG ID 83440 |       | MARTIN GUTIERREZ<br>4019 E 136 N<br>RIGBY ID 83442 |         |                   |  |
|                                                                                                                                                        |                  |                                                                                                                                                   |       | 3. <u>New</u> Registered Agent Signature:*         |         |                   |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                  |                                                                                                                                                   |       |                                                    |         |                   |  |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                              | City  | State                                              | Country | Postal Code       |  |
| MEMBER                                                                                                                                                 | MARTIN GUTIERREZ | 4019 E 136 N                                                                                                                                      | RIGBY | ID                                                 | USA     | 83442             |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 90435</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Joseph Huckbody<br>Name (type or print): Joseph Huckbody                                          |       |                                                    |         |                   |  |
|                                                                                                                                                        |                  |                                                                                                                                                   |       | Date: 03/20/2017                                   |         | Title: Accountant |  |
| Processed 03/20/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                         |       |                                                    |         |                   |  |