

W 45638

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No. W 45638	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012		2. Registered Agent and Office (NOT A P.O. BOX) JEANNINE E ARREDONDO 3287 S 1500 E WENDELL ID 83355																																			
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. CAJA, LLC. 3287 S 1500 E WENDELL ID 83355		3. <u>New</u> Registered Agent Signature.																																			
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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jeannine E. Arredondo</td> <td>467 Walnut</td> <td>Twin Falls,</td> <td>Idaho</td> <td></td> <td>83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td>Twin Falls</td> <td>County</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> <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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Jeannine E. Arredondo	467 Walnut	Twin Falls,	Idaho		83301	Manager <input type="checkbox"/> Member <input type="checkbox"/>			Twin Falls	County			Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 45638		6. Signature: <u><i>Jeannine E. Arredondo</i></u> Date: <u>4-18-14</u> Name (type or print): <u>Jeannine E. ARRedondo</u> Title: <u>MGR</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM