

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 B3720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CAJA, LLC. 3287 S 1500 E WENDELL ID 83355		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State Country Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Jeananine E. Arredondo 467 Walnut Twin Falls, Idaho 83301 Twin Falls County			
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
5. Organized Under the Laws of:		6.		Date:
IDAHO W 45638		Signature: <i>Jeananine Arredondo</i> Name (type or print): <i>Jeananine E. ARREDONDO</i>		<u>4-18-14</u>
				Title: <u>Mgr</u>

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM