

No. W 59721	Reinstatement Annual Report Form ADMIN DISSOLVED 05/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) DALE P THOMSON 115 E MAIN ST REXBURG ID 83440
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. ROMERO ROOFING, LLC DALE P THOMSON PO BOX 609 REXBURG ID 83440 2255 Whispering Pines Idaho Falls, ID 83401		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			
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> Isaias Romero, 2255 Whispering Pines, Idaho Falls, ID 83401			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Leticia Leon, 2255 Whispering Pines, Idaho Falls, ID 83401			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Saul Ruiz, 222 South 2nd Street, Ashton, ID 83420			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 59721 </div>		6. Signature: <u>Isaias Romero</u> Date: <u>4-4-17</u> Name (type or print): <u>Isaias Romero</u> Title: <u>Member</u>	

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM