Reinstatement Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX)
1. Mailing Address: Correct in this box if needed. JM STUCCO LLC JOSE MADRIGAL 5015 E USTICK RD #183	JOSE MADRIGAL 5015 E USTICK RD #183 CALDWELL ID 83605
	3. <u>New</u> 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	
Sose A madricy	1
Manager Member SOIS & USTICK RD#185	
CaddWELL ID 83	605
ws of: 6. Signature:	Date: 4/0/17 Title:
	ADMIN DISSOLVED 11/15/2016 1. Mailing Address: Correct in this box if needed. JM STUCCO LLC JOSE MADRIGAL 5015 E USTICK RD #183 CALDWELL ID 83605 Companies: Enter Names and Addresses of Manager Name Street or PO Address City SOIS E USTICK RD Signature: JOSE A MCC (17) M.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Issued 04/10/2017 by JL1