

| No. <b>W 75535</b>  | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 09/20/2012</b>  |                      | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>MARIA DEL CARMEN ALVAREZ RIOS<br>210 SPRUCE WAY<br>HAILEY ID 83333 |                   |         |                      |      |       |         |             |   |                  |          |             |  |  |       |   |                               |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|----------------------|---|-------------------|---------|----------------------|------|-------|---------|-------------|---|------------------|----------|-------------|--|--|-------|---|-------------------------------|----------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE<br/>DUE: \$30.00</b>   | 1. <b>Mailing Address: Correct in this box if needed.</b><br>SUN VALLEY SERVICES LLC<br>GUSTAVO ALVARADO<br>PO BOX 6345<br><del>210 NORTHWOOD WAY STE 204</del><br>KETCHUM ID 83340 |                      | 3. <u>New</u> Registered Agent Signature.   |                   |         |                      |      |       |         |             |   |                  |          |             |  |  |       |   |                               |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 30%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 5%;">State</th> <th style="width: 5%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Gustavo Alvarado</td> <td>Box 6345</td> <td>Ketchum, ID</td> <td></td> <td></td> <td>83340</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Maria Del Carmen Alvarez Rios</td> <td>Box 6345</td> <td>Ketchum, ID</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> <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 type="checkbox"/> Member <input checked="" type="checkbox"/> | Gustavo Alvarado | Box 6345 | Ketchum, ID |  |  | 83340 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Maria Del Carmen Alvarez Rios | Box 6345 | Ketchum, ID |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member   | Name  | Street or PO Address | City  | State             | Country | Postal Code          |      |       |         |             |   |                  |          |             |  |  |       |   |                               |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>   | Gustavo Alvarado  | Box 6345             | Ketchum, ID   |                   |         | 83340                |      |       |         |             |   |                  |          |             |  |  |       |   |                               |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>   | Maria Del Carmen Alvarez Rios   | Box 6345             | Ketchum, ID   |                   |         |                      |      |       |         |             |   |                  |          |             |  |  |       |   |                               |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |                      |   |                   |         |                      |      |       |         |             |   |                  |          |             |  |  |       |   |                               |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |                      |   |                   |         |                      |      |       |         |             |   |                  |          |             |  |  |       |   |                               |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO<br/>W 75535</b>   | 6. Signature: <u>Gustavo Alvarado</u><br><u>Gustavo Alvarado</u><br>Name (type or print):<br><br>Date: <u>10/14/12</u><br>Title: <u>member</u>                                      |                      |   |                   |         |                      |      |       |         |             |   |                  |          |             |  |  |       |   |                               |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Issued 10/01/2012 by JL1  |   |                      |   |                   |         |                      |      |       |         |             |   |                  |          |             |  |  |       |   |                               |          |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**