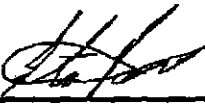




<b>No. W 97053</b>		<b>Reinstatement Annual Report Form ADMIN DISSOLVED 01/22/2018</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> HERIBERTO PAREDES 745 W Bridge Street Suite F Blackfoot ID 83221	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b> BETO PAREDES, LLC 745 W Bridge Street Suite F Blackfoot ID 83221			
<b>REINSTATEMENT FEE DUE: \$30.00</b>				<b>3. <u>New</u> Registered Agent Signature.</b>	
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>					
<b>Manager or Member</b>		<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Heribero Paredes	760 Janet St	Blackfoot	ID USA 83221
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Lannah Paredes	760 Janet St	Blackfoot	ID USA 83221
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
<b>5. Organized Under the Laws of:</b>  IDAHO W 97053		<b>6. Signature:</b>  <b>Name (type or print):</b> Heriberto Paredes		<b>Date:</b> 2/1/2018 <b>Title:</b> Manager	
Issued 02/01/2018 by online					

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**