




No. C 158181	Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) MARIA ROSA OVIEDO 204 3RD ST WILDER ID 83676																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ROSA'S INC. PO BOX 555 WILDER ID 83676		3. <u>New</u> Registered Agent Signature.																					
REINSTATEMENT FEE DUE: \$30.00																								
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>President</td> <td>204 thirtst.</td> <td>Wilder</td> <td>IDAHO</td> <td>CANYON</td> <td></td> </tr> <tr> <td></td> <td>Maria ROSA Oviedo</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	President	204 thirtst.	Wilder	IDAHO	CANYON			Maria ROSA Oviedo					
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President	President	204 thirtst.	Wilder	IDAHO	CANYON																			
	Maria ROSA Oviedo																							
5. Organized Under the Laws of: IDAHO C 158181	6. <table border="1"> <tr> <td>Signature: </td> <td>Date: <u>05/07/15</u></td> </tr> <tr> <td>Name (type or print): <u>ROSA M OVIEDO</u></td> <td>Title: <u>OWNER</u></td> </tr> </table>			Signature: 	Date: <u>05/07/15</u>	Name (type or print): <u>ROSA M OVIEDO</u>	Title: <u>OWNER</u>																	
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Issued 05/01/2015 by CLH																								

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