

No. W 62471	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010		2. Registered Agent and Office (NOT A P.O. BOX)								
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.		JESUS RAMIREZ 202 EAST SOUTH 7TH ST GRANGEVILLE ID 83530								
	AMJA LLC CANDELARIA RAMIREZ PO BOX 655 GRANGEVILLE ID 83530		3. New Registered Agent Signature.								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.											
<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></table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Office Held	Name	Street or PO Address	City	State	Country	Postal Code					
Owner - Jesus Ramirez PO Box 655 Grangeville ID Idaho 83530											
Manager - Candelaria Ramirez PO Box 655 Grangeville ID Idaho 83530											
5. Organized Under the Laws of: IDAHO W 62471		6. <table border="1"><tr><td>Signature: <i>Candelaria M. Ramirez</i></td><td>Date: <i>9-1-2010</i></td></tr><tr><td>Name (type or print): <i>Candelaria Ramirez</i></td><td>Title: <i>Manager</i></td></tr></table>			Signature: <i>Candelaria M. Ramirez</i>	Date: <i>9-1-2010</i>	Name (type or print): <i>Candelaria Ramirez</i>	Title: <i>Manager</i>			
Signature: <i>Candelaria M. Ramirez</i>	Date: <i>9-1-2010</i>										
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Issued 09/01/2010 by J.1											