

<b>No. W 51748</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/22/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CAROLYN ALEMAN 4935 S BROWNING AVE BOISE ID 83709
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> LOS BETO'S MEXICAN FOOD LLC 474 W 2000 N OGDEN UT 84414		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
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Carolyn Aleman					
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Jose Adrian Aleman					
Manager <input type="checkbox"/> Member <input type="checkbox"/>		474 W 2000 N				
Manager <input type="checkbox"/> Member <input type="checkbox"/>		Ogden UT 84414				
Manager <input type="checkbox"/> Member <input type="checkbox"/>		801-941-5085				

5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 51748</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature: <u>Adrian Aleman</u> </td> <td style="width: 40%;">           Date: <u>12-9-15</u> </td> </tr> <tr> <td>           Name (type or print): <u>Jose Adrian Aleman</u> </td> <td>           Title: <u>Owner</u> </td> </tr> </table>	Signature: <u>Adrian Aleman</u>	Date: <u>12-9-15</u>	Name (type or print): <u>Jose Adrian Aleman</u>	Title: <u>Owner</u>
Signature: <u>Adrian Aleman</u>	Date: <u>12-9-15</u>				
Name (type or print): <u>Jose Adrian Aleman</u>	Title: <u>Owner</u>				

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM