

No. W 51748	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) CAROLYN ALEMAN 5220 W FAIRVIEW AVE BOISE ID 83706	
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. 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.

Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code
<u>MANAGER</u>	ADRIAN ALEMAN	5220 W FAIRVIEW AVE	Boice	ID		83706

5. Organized Under the Laws of: <div style="text-align: center; padding: 10px;"> IDAHO W 51748 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: <u>Adrian Aleman</u></td> <td style="width: 30%;">Date: <u>11-23-10</u></td> </tr> <tr> <td>Name (type or print): <u>Adrian Aleman</u></td> <td>Title: <u>Manager</u></td> </tr> </table>	Signature: <u>Adrian Aleman</u>	Date: <u>11-23-10</u>	Name (type or print): <u>Adrian Aleman</u>	Title: <u>Manager</u>
Signature: <u>Adrian Aleman</u>	Date: <u>11-23-10</u>				
Name (type or print): <u>Adrian Aleman</u>	Title: <u>Manager</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM