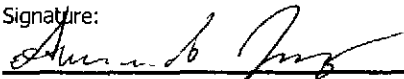
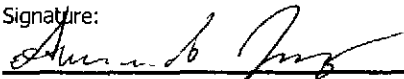
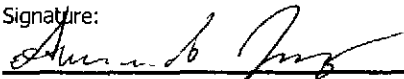


No. W 134883	Due no later than Feb 28, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ARMANDO JUAREZ 1687 NW 2ND AVE FRUITLAND ID 83619
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MANDO'S LLC ARMANDO JUAREZ 1687 NW 2ND AVE FRUITLAND ID 83619		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"/>	Armando Juarez	1687 NW 2nd Ave	Fruitland	ID		83619
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 134883 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 4-30-2018 </td> </tr> <tr> <td> Name (type or print): Armando Juarez </td> <td> Title: OWNER </td> </tr> </table>	Signature: 	Date: 4-30-2018	Name (type or print): Armando Juarez	Title: OWNER
Signature: 	Date: 4-30-2018				
Name (type or print): Armando Juarez	Title: OWNER				

Issued 04/30/2018 by TLB
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