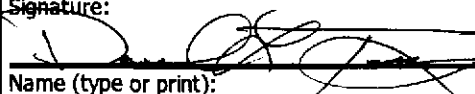


No. W 21850 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 03/10/2006 1. Mailing Address: Correct in this box if needed. TORRES AND ASSOCIATES, LLC 693 CAPSTONE CT HAYDEN ID 83835	2. Registered Agent and Office (NOT A P.O. BOX) DANIEL L TORRES 693 CAPSTONE CT HAYDEN ID 83835 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 20%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 20%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Daniel Torres</td> <td>693 Capstone Ct</td> <td>Hayden</td> <td>Id</td> <td>US</td> <td>83835</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Carla Torres</td> <td>693 Capstone Ct.</td> <td>Hayden</td> <td>ID</td> <td>US</td> <td>83835</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Daniel Torres	693 Capstone Ct	Hayden	Id	US	83835	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Carla Torres	693 Capstone Ct.	Hayden	ID	US	83835	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 21850 </div>	6. Signature:  Name (type or print): <u>Daniel Torres</u> Date: <u>11/21/14</u> Title: <u>Member</u>																																				
Issued 11/21/2014 by online																																					