


No. <b>W 116627</b>	<b>Reinstatement Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
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> ART OF MARTINE LLC MARTINE CASTORO 967 E PARKCENTER BLVD #285 BOISE ID 83706		MARTINE CASTORO 615-MAIN-ST BOISE ID 83702 967 E. Parkcenter Blvd #285 Boise, ID 83706  3. <u>New</u> Registered Agent Signature.																																			
<p>4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b></p> <table border="1"> <thead> <tr> <th>Manager or Member</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> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Martine Castoro</td> <td>967 E. Parkcenter Blvd #285, Boise, ID, U.S.,</td> <td></td> <td></td> <td></td> <td>83706</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> <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 type="checkbox"/>	Martine Castoro	967 E. Parkcenter Blvd #285, Boise, ID, U.S.,				83706	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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: <b>IDAHO</b> <b>W 116627</b>	6. Signature:  Name (type or print): <b>Martine Castoro</b>		Date: <b>2/25/14</b> Title: <b>Manager</b>																																			
Issued 02/13/2014 by online																																						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**