


No. C 188332	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2011		2. Registered Agent and Office (NOT A P.O. BOX) JOSE PEREZ 603 RIDGE CIR KIMBERLY ID 83341																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. GARIBALDI'S OF JEROME, INC. 801 S LINCOLN AVE PO Box 5399 JEROME ID 83338 <i>Twin Falls, ID</i> <i>83303-5399</i>																							
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</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>President</td> <td>Jose Perez</td> <td>603 Ridge Circle</td> <td>Kimberly</td> <td>ID</td> <td></td> <td>83341</td> </tr> <tr> <td>Vice-President</td> <td>Rocio Perez</td> <td>603 Ridge Circle</td> <td>Kimberly</td> <td>ID</td> <td></td> <td>83341</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Jose Perez	603 Ridge Circle	Kimberly	ID		83341	Vice-President	Rocio Perez	603 Ridge Circle	Kimberly	ID		83341
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5. Organized Under the Laws of: IDAHO C 188332	6. Signature:  Name (type or print): <u>Jose M Perez</u>			Date: <u>8-14-12</u> Title: <u>President</u>																				

Issued 08/14/2012 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM