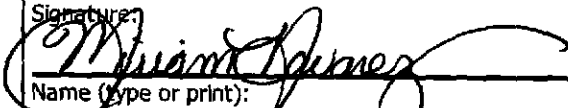


No. W 132065	Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015		2. Registered Agent and Office (NOT A P.O. BOX) MATT NEVAREZ 10312 N TARYNE ST HAYDEN ID 83835
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SALSA CABANA LLC MATT NEVAREZ 10312 N TARYNE ST HAYDEN ID 83835		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			
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"/>	Matt Nevarez	10312 N. Taryne Rd	Hayden ID 83835
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Miriam Nevarez	1170 S. Valleyview Rd	Post Falls ID 83854
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Darren Eby	10312 N. Taryne Rd	Hayden ID 83835
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:		6.	
IDAHO W 132065		Signature: 	Date: <u>3/20/2015</u>
		Name (type or print): <u>Miriam Nevarez</u>	Title: <u>Manager</u>