

No. <b>W 116718</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/14/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> BARUCH CARRILLO 200 CEDRON RD APT 6 VICTOR ID 83455																																			
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> AB MASONRY, LLC 200 CEDRON RD APT 6 VICTOR ID 83455		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Aucena Leon</td> <td>200 Cedron Rd #6</td> <td>Victor</td> <td>ID.</td> <td></td> <td>83455</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Aucena Leon	200 Cedron Rd #6	Victor	ID.		83455	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:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 116718</b> </div>	6. <table border="1"> <tr> <td>Signature: <u>Baruch Carrillo</u></td> <td>Date: <u>11-27-13</u></td> </tr> <tr> <td>Name (type or print): <u>Baruch Carrillo Sanchez</u></td> <td>Title: <u>Member</u></td> </tr> </table>			Signature: <u>Baruch Carrillo</u>	Date: <u>11-27-13</u>	Name (type or print): <u>Baruch Carrillo Sanchez</u>	Title: <u>Member</u>																															
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Issued 11/20/2013 by CLH

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM