


No. W 135653	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) JOSE RIVERA 1004 FLINT DR CALDWELL ID 83607														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. RIVERA FLOORING, LLC JOSE RIVERA 1004 FLINT DR CALDWELL ID 83607		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="width: 15%;"></th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td> Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td colspan="6" style="text-align: center; vertical-align: top;"> <div style="font-family: cursive; font-size: 1.2em;"> Jose Rivera 1004 Flint Dr. Caldwell Id 83605 </div> </td> </tr> </tbody> </table>					Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/>	<div style="font-family: cursive; font-size: 1.2em;"> Jose Rivera 1004 Flint Dr. Caldwell Id 83605 </div>					
	Name	Street or PO Address	City	State	Country	Postal Code											
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/>	<div style="font-family: cursive; font-size: 1.2em;"> Jose Rivera 1004 Flint Dr. Caldwell Id 83605 </div>																
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 135653 </div>	6. Signature: <div style="text-align: center; font-family: cursive; font-size: 1.5em;">  </div> Name (type or print): <div style="text-align: center; font-family: cursive; font-size: 1.2em;"> Jose Rivera </div>			Date: <div style="text-align: center; font-family: cursive; font-size: 1.2em;"> 7/29/16 </div> Title: <div style="text-align: center; font-family: cursive; font-size: 1.2em;"> member </div>													
Issued 07/29/2016 by online																	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM