

No. W 121493		Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) MARIA MAGDALENA RUIZ 1814 W DEW MIST DR NAMPA ID 83651																																											
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. AZTEC ADVERTISING AGENCY, LLC 1814 W DEW MIST DR NAMPA ID 83651 16671 N. 6 GRAND PINE WAY NAMPA ID. 83651		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.																																															
<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>Maria Ruiz</td> <td>16671 N.</td> <td>NAMPA ID</td> <td></td> <td></td> <td>83651</td> </tr> <tr> <td></td> <td></td> <td>6 GRAND PINE WAY</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> <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"/>	Maria Ruiz	16671 N.	NAMPA ID			83651			6 GRAND PINE WAY					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: IDAHO W 121493		6. Signature: <u>Maria M. Ruiz</u> Date: <u>2-13-15</u> Name (type or print): <u>Maria Ruiz</u> Title: <u>Member</u>																																													
Issued 02/12/2015 by online																																															

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1 - Filing

Fill in Form. Pay special attention to the mailing address. If the