




No. W 88958	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016		2. Registered Agent and Office (NOT A P.O. BOX)
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. VUELO CONSULTING, LLC ELIZABETH J FISHER P.O. BOX 598 308 N. BRUCE SUN VALLEY ID 83353 BOISE, ID 83706		ELIZABETH J FISHER 320 SHADY LANE 308 N. BRUCE KETCHUM ID 83340 BOISE, ID 83706
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature.

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"/>	ELIZABETH FISHER	308 N. BRUCE	BOISE	ID	USA	83706
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: IDAHO W 88958	6. <table> <tr> <td>Signature:</td> <td>Date:</td> </tr> <tr> <td></td> <td>3/24/2016</td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td>ELIZABETH J. FISHER</td> <td>MANAGER</td> </tr> </table>		Signature:	Date:		3/24/2016	Name (type or print):	Title:	ELIZABETH J. FISHER	MANAGER
Signature:	Date:									
	3/24/2016									
Name (type or print):	Title:									
ELIZABETH J. FISHER	MANAGER									

Issued 03/24/2016 by JL1