No. W 62149	Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011	2. Registered Agent and Office (NOT A P.O. BOX)  JOSE I MARTINEZ
Return to:	7.51 111 51555EVED 07 12 12 011	
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	1018 COLORADO ST GOODING ID 83330
450 N 4th STREET PO BOX 83720	TRACE LABORCEADING LLC	GOODING ID 63330
BOISE, ID 83720-0080	JIM'S LANDSCAPING LLC JOSE MARTINEZ	
<u> </u>	1018 COLORADO ST	
	GOODING ID 83330	3. <u>New</u> Registered Agent Signature.
	USA	
REINSTATEMENT		ı
FEE DUE: \$30.00		
4. Limited Liability Compan	ies: Enter Names and Addresses of Managers OR Members. S	ee Instructions.
Manager or Member Nam		City State Country Postal Code
(lanager Member (circle one)	301 CMA	en e e manufication a annual contrario de e e contrario de estado a contrario de el escolario de el contrario
Martha a. Car	3 de Martin 2 1018 Colorado	Gooding Id. 83330
5. Organized Under the Laws of IDAHO	f: 6.  Signature: Ose I Martin  Name (type or print): Jose I Morri	e7 Date: 7-21-11
W 62149	Name (type or print): Jose J Mord	Title: \$7 21-11
Issued 07/18/2011 by LJC		

## **INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.