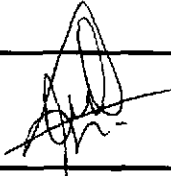


<b>No. W 160544</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/02/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ELIZABETH ORTEGA 420 OREGON ST HOMEDALE ID 83628
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> ORTEGA PAINTING LLC 420 OREGON ST HOMEDALE ID 83628		3. <u>New</u> 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 type="checkbox"/> Member <input checked="" type="checkbox"/> Elizabeth Ortega 1320 W. Flamingo Ave #48ampa 83651			
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:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 160544</b> </div>		6. Signature:  <hr/> Name (type or print): <u>Elizabeth Ortega</u> <div style="float: right;">         Date: <u>1/22/18</u>  <hr/>         Title: <u>owner</u> </div>	

Issued 01/22/2018 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**