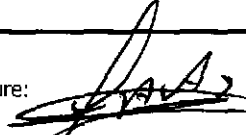


No. <b>W 61579</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/21/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ADOLFO ALTAMIRANO 74 CHERRY ST ASHTON ID 83420
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> ALTAMIRANO BROS. MASONRY LLC ADOLFO ALTAMIRANO PO BOX 74 ASHTON ID 83420		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 type="checkbox"/> Felix Altamirano      34 Highland St.      Ashton      Idaho      U.S.A      83420			
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; font-weight: bold; font-size: large;">             IDAHO              W 61579           </div>		6. Signature:  <hr/> Name (type or print): <u>Adolfo Altamirano</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div>             Date: <u>9/30/15</u>              Title: <u>owner</u> </div> </div>	
Issued 09/21/2015 by KAH			