

<p>No. <b>W 136820</b></p>	<p><b>Reinstatement Annual Report Form ADMIN DISSOLVED 07/26/2017</b></p>		<p>2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MEGAN J HOPFER C/O BEARD ST CLAIR GAFFNEY PA 2105 CORONADO ST IDAHO FALLS ID 83404</p>																																			
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p><b>REINSTATEMENT FEE DUE: \$30.00</b></p>	<p>1. <b>Mailing Address: Correct in this box if needed.</b> NAZARIO &amp; CO. LLC ERIN NAZARIO 2635 RIDGECREST DR IDAHO FALLS ID 83404</p>		<p>3. <u>New</u> Registered Agent Signature.</p>																																			
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Erin Nazario</td> <td>2635 Ridgcrest</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83404</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Erin Nazario	2635 Ridgcrest	Idaho Falls	ID	USA	83404	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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<p>5. Organized Under the Laws of:</p> <p><b>IDAHO W 136820</b></p>	<p>6. Signature: <u>Erin Nazario</u> Date: <u>Sept-6, 2017</u> Name (type or print): _____ Title: _____</p>																																					

Issued 08/28/2017 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**