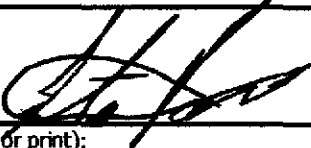
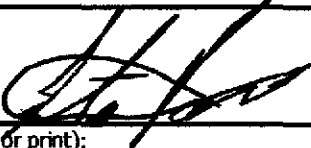
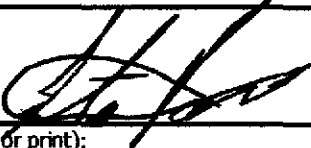


No. W 97053	Reinstatement Annual Report Form ADMIN DISSOLVED 01/25/2016		2. Registered Agent and Office (NOT A P.O. BOX) HERIBERTO PAREDES 540 Bechler St Saint Anthony, ID 83445
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BETO PAREDES, LLC HERIBERTO PAREDES 540 Bechler St Saint Anthony, ID 83445		3. <u>New</u> Registered Agent Signature. <div style="height: 40px;"></div>

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"/>	Heriberto Paredes	540 Bechler St	Saint Anthony, ID	USA		83445
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-size: 1.2em;">IDAHO W 97053</div>	<table style="width: 100%;"> <tr> <td style="width: 60%; vertical-align: top;"> 6. Signature: <div style="text-align: center; font-size: 1.5em;">  </div> </td> <td style="width: 40%; vertical-align: top;"> Date: 4/28/16 </td> </tr> <tr> <td style="vertical-align: top;"> Name (type or print): Heriberto C Paredes </td> <td style="vertical-align: top;"> Title: Owner </td> </tr> </table>	6. Signature: <div style="text-align: center; font-size: 1.5em;">  </div>	Date: 4/28/16	Name (type or print): Heriberto C Paredes	Title: Owner
6. Signature: <div style="text-align: center; font-size: 1.5em;">  </div>	Date: 4/28/16				
Name (type or print): Heriberto C Paredes	Title: Owner				

Issued 04/28/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM