




No. W 160851	Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017		2. Registered Agent and Office (NOT A P.O. BOX) DIMAS L ROBLERO MORALES 124 HUDSON AVE APT 3 NAMPA ID 83651
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. USA FOUNDATION LLC 124 HUDSON AVE APT 3 NAMPA ID 83651		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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"/>	Dimas L. Roblero Morales					
Manager <input type="checkbox"/> Member <input type="checkbox"/>	124 Hudson Ave.					
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Apt #3. Nampa 83651 ID.					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; padding: 10px;"> IDAHO W 160851 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>06-12-2017</u> </td> </tr> <tr> <td> Name (type or print): <u>Dimas L. Roblero Morales.</u> </td> <td> Title: <u>Manager.</u> </td> </tr> </table>	Signature: 	Date: <u>06-12-2017</u>	Name (type or print): <u>Dimas L. Roblero Morales.</u>	Title: <u>Manager.</u>
Signature: 	Date: <u>06-12-2017</u>				
Name (type or print): <u>Dimas L. Roblero Morales.</u>	Title: <u>Manager.</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM