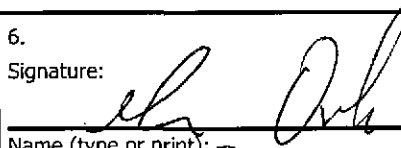


No. W 135978	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) MAIRA OVALLE 309 PLYMOUTH ST CALDWELL ID 83605
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BETANIA FRAMING LLC MAIRA OVALLE 309 PLYMOUTH ST CALDWELL ID 83605		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"/> Maiva Ovalle 309 N. Plymouth St. Caldwell ID USA 83605			
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 135978 </div>		6. Signature:  <hr/> Name (type or print): <u>Maiva Ovalle</u> <div style="float: right; text-align: right;"> Date: <u>1/5/18</u> Title: <u>LLC Member</u> </div>	
Issued 11/03/2017 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM