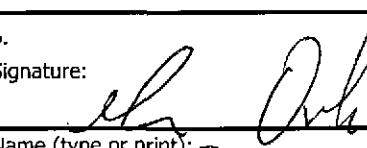


No. W 135978	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) MAIRA OVALLE 309 PLYMOUTH ST CALDWELL ID 83605	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. BETANIA FRAMING LLC MAIRA OVALLE 309 PLYMOUTH ST CALDWELL ID 83605		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Maiva Ovalle</i>	Name <i>Maiva Ovalle</i>	Street or PO Address <i>309 N. Plymouth St. Caldwell ID USA</i>	City <i>Caldwell</i>	State <i>ID</i> Country <i>USA</i> Postal Code <i>83605</i>
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: IDAHO W 135978		6. Signature:  Name (type or print): <i>Maiva Ovalle</i>	Date: <i>11/5/18</i>	Title: <i>LLC Member</i>
Issued 11/03/2017 by online				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM