

No. W 41814	Reinstatement Annual Report Form ADMIN DISSOLVED 11/17/2015		2. Registered Agent and Office (NOT A P.O. BOX) LUIS JARAMILLO 19822 CHESAPEAKE AVE 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. JARAMILLO CONCRETE, LLC LUIS JARAMILLO 19822 CHESAPEAKE AVE 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"/>	<i>Luis Jaramillo 19822 Chesapeake Ave Caldwell Id 83605</i>		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Ismael Jaramillo 19822 Chesapeake Ave Caldwell Id 83605</i>		
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;"> IDAHO W 41814 </div>	6. Signature: <i>Ismael Jaramillo</i> <hr/> Name (type or print): <i>Ismael Jaramillo</i> <hr/> <div style="text-align: right;"> Date: <i>11-24-2015</i> <hr/> Title: _____ </div>		
Issued 11/24/2015 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM