

# State of Idaho

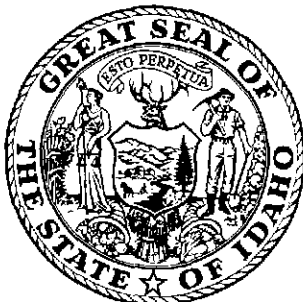
Office of the Secretary of State

## LIMITED LIABILITY COMPANY REINSTATEMENT CERTIFICATE

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that the certificate of organization of **T BONE CATTLE COMPANY LLC**, file number W 150723 , a limited liability company organized under the laws of the State of Idaho, was administratively dissolved on July 28, 2016, for failure to file the required annual report form by the date due.

I FURTHER CERTIFY That the limited liability company has on September 29, 2016, been reinstated on the records of this office, and that its certificate of organization in the State of Idaho are hereby restored.

Dated: September 29, 2016



*Lawrence Denney*  
SECRETARY OF STATE

By \_\_\_\_\_

*Judy Loring*

217

**APPLICATION FOR REINSTATEMENT**

To the SECRETARY OF STATE, STATE OF IDAHO

2016 SEP 29 AM 9:28  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the Idaho limited liability company applying for reinstatement following administrative dissolution or forfeiture, if available, is:  
T BONE CATTLE COMPANY LLC
2. The date of its organization was: April 21, 2015
3. The limited liability company hereby applies for reinstatement. If the entity name is unavailable, a certificate of amendment for a name change must be attached.

Signature:

Manager or Member:

Date:

9.28.16

(must be signed by a manager or member of the LLC)

Secretary of State use only

IDAHO SECRETARY OF STATE

09/29/2016 05:00

CK:1319 CT:171683 BH:1548578  
1@ 30.00 = 30.00 CORP REINS #2



# AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$30.00.

Complete and submit the application in duplicate.

**FILED EFFECTIVE**  
2016 SEP 28 AM 9:04

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:  
Carvalho Enterprises, LLC
2. The date the certificate of organization was originally filed : May 7, 2015
3. The name of the limited liability company is amended to:  
\_\_\_\_\_
4. The complete street and mailing addresses of the principal office is amended to:  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
5. The mailing address for future correspondence (annual reports) is amended to:  
\_\_\_\_\_  
(Address)
6. The name and address of the managers/members shall be amended as follows:
 

Add: <input type="checkbox"/>	Delete: <input checked="" type="checkbox"/>	<u>Claudia Carvalho</u>	<u>1600 SW High Desert Dr. #15, Mtn Home, ID 83647</u>
		(Name)	(Address)
Add: <input type="checkbox"/>	Delete: <input type="checkbox"/>	_____	_____
		(Name)	(Address)
Add: <input type="checkbox"/>	Delete: <input type="checkbox"/>	_____	_____
		(Name)	(Address)
7. Signature of a manager, member, or authorized person.
 

Printed Name: <u>Patrick Carvalho</u>  Signature: <u><i>Patrick Carvalho</i></u>  Printed Name: _____  Signature: _____	Secretary of State use only  IDAHO SECRETARY OF STATE <b>09/28/2016 05:00</b> CK:5015 CT:329577 BH:1548474 1@ 30.00 = 30.00 ORGAN AMEN #2  <div style="font-size: 1.5em; font-family: cursive;">W151387</div>
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