

| No. W 114339 | Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014 | | 2. Registered Agent and Office (NOT A P.O. BOX) SIGFREDO GOMEZ 3485 E 3838 N KIMBERLY ID 83341 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------|---|---|---------|----------------------|------|-------|---------|-------------|---|----------------|---------------|--------------|--|--|------------------|---|-----------------|---------------|--------------|--|--|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 Due \$38.00 | | | | 1. Mailing Address: Correct in this box if needed. SEG, LLC SIGFREDO GOMEZ 3485 E 3838 N KIMBERLY ID 83341 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Sigfredo Gomez</td> <td>3485 E 3838 N</td> <td>Kimberly, Id</td> <td></td> <td></td> <td>Twin Falls 83341</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Esperanza Gomez</td> <td>3485 E 3838 N</td> <td>Kimberly, Id</td> <td></td> <td></td> <td>Twin Falls 83341</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Sigfredo Gomez | 3485 E 3838 N | Kimberly, Id | | | Twin Falls 83341 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Esperanza Gomez | 3485 E 3838 N | Kimberly, Id | | | Twin Falls 83341 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Sigfredo Gomez | 3485 E 3838 N | Kimberly, Id | | | Twin Falls 83341 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Esperanza Gomez | 3485 E 3838 N | Kimberly, Id | | | Twin Falls 83341 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 114339 | 6. Signature: <u><i>Sigfredo Gomez</i></u> Name (type or print): <u>Sigfredo Gomez</u> Date: <u>11/21/14</u> Title: <u>Owner</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM