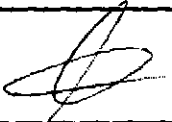


No. W 98738	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016		2. Registered Agent and Office (NOT A P.O. BOX) PETER K BUI 8655 FRANKLIN BOISE ID 83709
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. VIZIATO SPA, LLC PETER BUI 8655 W FRANKLIN RD BOISE ID 83709		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>Bui Hoa K. 8655 W. FRANKLIN BOISE ID 83709 ⁸³⁷⁰⁹</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: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 98738 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): <i>HOA K. Bui</i> </div> <div style="width: 35%;"> Date: <i>5/2/16</i> <hr/> Title: <i>Member</i> </div> </div>	
Issued 05/02/2016 by JLI			