

7/23/2018

C 171619

No. C 171619	Reinstatement Annual Report Form ADMIN DISSOLVED 05/31/2018		2. Registered Agent and Office (NOT A P.O. BOX) HUMBERTO PONCE 5395 S MARBRISA LANE IDAHO FALLS ID 83406														
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. CASA JALISCO'S INC. RHONDA P BRAMBILA HUMBERTO PONCE 325 RIVER PKWY IDAHO FALLS ID 83402																
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</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>PRES</td> <td>HUMBERTO PONCE</td> <td>5395 S MAR BRISA LANE</td> <td>IF</td> <td>ID</td> <td>BOAIVILLE</td> <td>83406</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRES	HUMBERTO PONCE	5395 S MAR BRISA LANE	IF	ID	BOAIVILLE	83406	3. New Registered Agent Signature.
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
PRES	HUMBERTO PONCE	5395 S MAR BRISA LANE	IF	ID	BOAIVILLE	83406											
5. Organized Under the Laws of: IDAHO C 171619	6. Signature:  Name (type or print): HUMBERTO PONCE			Date: 8/17/18 Title: PRES													

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