

W 179736

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No. W 179736	Reinstatement Annual Report Form ADMIN DISSOLVED 06/29/2018		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. E & M CONSTRUCTION LLC MELVIN A AMAYA MEZA 2198 MCGRATH RD TRLR 8 10601 Horseshoe Bend Rd Sp 25 EAGLE ID 83616 Boise, ID 83714		MELVIN A AMAYA MEZA 10601 2198 MCGRATH RD TRLR 8 EAGLE ID 83616 Horseshoe Bend Id Sp 25 Boise, ID 83714 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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Melvin A Amaya Meza</td> <td>10601 Horseshoe Bend Rd Sp 25</td> <td>Boise</td> <td>ID</td> <td></td> <td>83714</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Enrique Lopez Barajas</td> <td>10601 Horseshoe Bend Rd Sp 25</td> <td>Boise</td> <td>ID</td> <td></td> <td>83714</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Melvin A Amaya Meza	10601 Horseshoe Bend Rd Sp 25	Boise	ID		83714	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Enrique Lopez Barajas	10601 Horseshoe Bend Rd Sp 25	Boise	ID		83714	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 179736	6. Signature: <u><i>Melvin A Amaya Meza</i></u> Date: <u>7/19/2018</u> Name (type or print): <u>Melvin A Amaya Meza</u> Title: <u>Member</u>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the