

No. W 41935	Reinstatement Annual Report Form ADMIN DISSOLVED 11/09/2006		2. Registered Agent and Office (NOT A P.O. BOX) FELIPE ZAMORA 25422 SIMPLOT BLVD WILDER ID 83676
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. ZAMORA & SON L.L.C. FELIPE ZAMORA 25422 SIMPLOT BLVD WILDER ID 83676		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
<small>Manager Member (circle one)</small>					
FELIPE J. Zamora	25422 Hwy 19	WILDER	ID	U.S.A.	83676
GABRIEL F. Zamora	25422 Hwy 19	WILDER	ID	U.S.A.	83676

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 41935 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: <u>Felipe J. Zamora</u> </td> <td style="width: 30%;"> Date: <u>10/17/11</u> </td> </tr> <tr> <td> Name (type or print): <u>FELIPE J. Zamora</u> </td> <td> Title: <u>MEMBER</u> </td> </tr> </table>	Signature: <u>Felipe J. Zamora</u>	Date: <u>10/17/11</u>	Name (type or print): <u>FELIPE J. Zamora</u>	Title: <u>MEMBER</u>
Signature: <u>Felipe J. Zamora</u>	Date: <u>10/17/11</u>				
Name (type or print): <u>FELIPE J. Zamora</u>	Title: <u>MEMBER</u>				

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