

No. W 54369	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) HEMBERTO MEDINA 639 E FULL MOON ST KUNA ID 83634
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. G.T.O. CONCRETE, LLC 639 E FULL MOON ST KUNA ID 83634		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 checked="" type="checkbox"/> Member <input type="checkbox"/> <u>Juan Humberto Medina</u> <u>639 E Full Moon St</u> <u>Kuna ID</u> <u>USA</u> <u>83634</u>			
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 54369 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature: <u>Juan Medina</u> Name (type or print): <u>Juan Medina</u> </div> <div> Date: <u>2017 10/9/17</u> Title: <u>OWNER</u> </div> </div>	
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