

No. W 174967	Reinstatement Annual Report Form ADMIN DISSOLVED 03/27/2018		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	1. Mailing Address: Correct in this box if needed. CAMILA'S RESTAURANT LLC CAMI BUSTOS 745 N MAIN ST STE F BELLEVUE ID 83313		CAMI BUSTOS 745 N MAIN ST STE F BELLEVUE ID 83313							
REINSTATEMENT FEE DUE: \$30.00			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></table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Cami Bustos	745 N Main St. Ste F	Bellevue	ID	USA	83313				
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:		6. <table border="1"><tr><td data-bbox="500 888 605 909">Signature:</td><td data-bbox="1174 909 1239 930">Date:</td></tr><tr><td data-bbox="500 951 703 982">Name (type or print):</td><td data-bbox="1174 972 1222 993">Title:</td></tr><tr><td data-bbox="540 982 816 1035">Cami Bustos</td><td data-bbox="1190 993 1336 1045">Owner</td></tr></table>		Signature:	Date:	Name (type or print):	Title:	Cami Bustos	Owner	
Signature:	Date:									
Name (type or print):	Title:									
Cami Bustos	Owner									
IDAHO W 174967										

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