


No. <b>W 124342</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/21/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> BRETT COOKE 50 E WALLACE AVE DRIGGS ID 83422																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> PONDEROSA BUILDERS, LLC OSWALDO CHAVEZ-CISNEROS 377 BOOSHWAY DRIGGS ID 83422		3. <u>New</u> Registered Agent Signature.																																			
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Oswaldo Chavez</td> <td>377 Brushway</td> <td>Driggs</td> <td>ID</td> <td>USA</td> <td>83422</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Olga Chavez</td> <td>377 Booshway</td> <td>Driggs.</td> <td>ID</td> <td>USA</td> <td>83422</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Oswaldo Chavez	377 Brushway	Driggs	ID	USA	83422	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Olga Chavez	377 Booshway	Driggs.	ID	USA	83422	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:  <div style="text-align: center; font-size: 1.2em;">             IDAHO              W 124342           </div>		6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;">           Signature:   <hr/>           Name (type or print):  <u>Oswaldo Chavez</u> </div> <div style="width: 35%;">           Date: <u>8-18-15</u>  <hr/>           Title: <u>8-18-15</u> </div> </div>																																				

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM