07/26/2007 11:59 FAX 334 2080

Idaho Secretary of State

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FILED EFFECTIVE

REINSTATEMENT

	Annual Report Form	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 FEE DUE \$30.00	ADMIN DISSOLVED 06/08/2007 1 Mailing Address Correct in this box, if Applicable	EURIN GOMEZ
	GOMEZ CONSTRUCTION, LLC. EURIN GOMEZ 5500 N. ROSE POINT WAY BOISE, ID 83713	22730 FARMWAY RD APT 74 CALDWELL, ID 83805 3. New registered agent signature
Limited Liability Companies; En Limited and Limited Liability Pa	A Business Addresses of President, Excretary and Directors for Names and Addresses of management. Interships: Enter names and addresses of at least two (2) pariners. Streat or PO. Address TIN GOMCZ 22730 Farmway Rd. Apt. 74 Rebiero 22730 Farmway Rd. Apt. 74	Caldwell ID 83605 Caldwell ID 83605
•		5 5 5
W37348		ALL N
W 37348 5. Organized under the laws of: IDAHO	s. Signature *	Date × DEDATO 7. 5

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- Block 1: Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.
- Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors (for corporations only), management (for LLCs only), or at least two (2) partners (for LPs and LLPs only. Note: Putting "same as last year" or "same as above" will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation/LLC/LP/LLP. Print or type the name and title of the signer below the signature.