No. W 20432  Return to: SECRETARY OF STATE	Reinstatement Annual Report Form ADMIN DISSOLVED 11/05/2009  1. Mailing Address: Correct in this box if needed.					2. Registered Agent and Office (NOT A P.O. BOX) JUAN CARLOS RODRIGUEZ 5328 FORBES AVE BOISE ID 83713			
450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	EL CHAPIN, LLC.								
	5328 N FORBES AVE BOISE ID 83713				3. <u>New</u> Registered Agent Signature.				
REINSTATEMENT FEE DUE: \$30.00									
4, Limited Liability Compani Manager or Member Nam		dresses of M Street	lanag	ers OR Med Address	nbers. Se	e Instruction: City	s. State	Country	Postal Code
Manager Member (circle one) Juan Carlos Rodi Victoria Rodi	iguez gnez	5328 5328	7 7	For bes For bes	Ave Ave	Boise Boise	ID ID		3713 3713
5. Organized Under the Laws o IDAHO W 20432	f: 6. Signature: Name (type or p	()(U)( rint): Juan	<i></i>			<u> </u>			03-8-11 Vanaging Menber
Issued 03/08/2011 by SLD									

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct 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: Circle either Member or Manager. Enter names and business addresses of managers or members of the limited liability company. Note: <u>Do not</u> put "same as last year" or "same as above". These 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 limited liability company. Print or type the name of the signer below the signature.