

No. W 84179	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) GRACIELA MENDOZA 1300 HANSEN AVE BURLEY ID 83318																																			
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. VIDEO MEXICO OF BURLEY, LLC GRACIELA MENDOZA 1300 HANSEN AVE BURLEY ID 83318 USA		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																						
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> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Graciela Madrigal</td> <td>566 Prospector Dr</td> <td>Jerome</td> <td>ID</td> <td></td> <td>83338</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Antonio Lopez</td> <td>39 W. 300 S.</td> <td>Jerome</td> <td>ID</td> <td></td> <td>83338</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Graciela Madrigal	566 Prospector Dr	Jerome	ID		83338	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Antonio Lopez	39 W. 300 S.	Jerome	ID		83338	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: IDAHO W 84179	6. Signature: <u><i>Graciela Madrigal</i></u> Name (type or print): <u>Graciela Madrigal</u>		Date: <u>09/02/12</u> Title: <u>Owner</u>																																			
Issued 08/30/2012 by LJC																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM