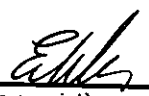


FILED EFFECTIVE

No. W 114510	Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) CINDY ZALDIVAR 319 QUINCY ST 432 Locust St. N TWIN FALLS ID 83301
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. JUNIORS AUTO REPAIR LLC 417 MAIN AVE E TWIN FALLS ID 83301		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.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Maria E Hernandez	336 Washington St N	TWIN FALLS ID US 83301
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Pablo Zaldivar	336 Washington St. N	TWIN FALLS ID US 83301
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:	6.		
IDAHO W 114510	Signature:  Name (type or print): Maria E. Hernandez		Date: 9/19/13 Title: Manager
Issued 09/19/2013 by SLD			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM