

No. <b>W 134523</b>	<b>Reinstatement Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
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>	<b>ADMIN DISSOLVED 05/26/2015</b>		MARTHA CASTILLO 11206 W YELLOWSTONE PINE DR NAMPA ID 83651																																			
	1. <b>Mailing Address: Correct in this box if needed.</b> CHARROS MEXICAN RESTAURANT LLC 307 E IDAHO AVE HOMEDALE ID 83628		3. <u>New</u> Registered Agent Signature.																																			
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Martha Castillo</td> <td>11206 W Yellow Pine Dr</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83651</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Juan Castillo</td> <td>11206 W Yellow Pine Dr</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83651</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"/>	Martha Castillo	11206 W Yellow Pine Dr	Nampa	ID		83651	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Juan Castillo	11206 W Yellow Pine Dr	Nampa	ID		83651	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:  <b>IDAHO</b> <b>W 134523</b>		6. Signature: <u>Martha Castillo</u> Date: <u>10-9-15</u> Name (type or print): <u>Martha Castillo</u> Title: <u>Mrs</u>																																				

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