




No. W 123208	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX) FRANCISCO FRAIRE 2920 E LINDEN ST, STE 102 CALDWELL ID 83605																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE \$30.00		1. Mailing Address: Correct in this box if needed. FRAIRE CONSTRUCTION, LLC FRANCISCO FRAIRE 2411 COLLEGE AVE APT B CALDWELL ID 83605		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>FRANCISCO Fraire</td><td>2411 college Ave Apt. B</td><td>Caldwell</td><td>ID</td><td>USA</td><td>83605</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><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"/>	FRANCISCO Fraire	2411 college Ave Apt. B	Caldwell	ID	USA	83605	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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 123208	6. <table border="1"><tr><td data-bbox="508 924 1154 995">Signature: </td><td data-bbox="1154 924 1416 995">Date: 11-9-17</td></tr><tr><td data-bbox="508 995 1154 1079">Name (type or print): FRANCISCO Fraire</td><td data-bbox="1154 995 1416 1079">Title: Owner</td></tr></table>				Signature: 	Date: 11-9-17	Name (type or print): FRANCISCO Fraire	Title: Owner																															
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Issued 11/04/2017 by online																																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM