


<p>No. W 123208</p>	<p align="center">Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX) FRANCISCO FRAIRE 2920 E LINDEN ST, STE 102 CALDWELL ID 83605</p>																																			
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE \$30.00</p>	<p>1. Mailing Address: Correct in this box if needed. FRAIRE CONSTRUCTION, LLC FRANCISCO FRAIRE 2411 COLLEGE AVE APT B CALDWELL ID 83605</p>		<p>3. <u>New</u> Registered Agent Signature.</p>																																			
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <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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<p>5. Organized Under the Laws of:</p> <p align="center">IDAHO W 123208</p>	<p>6. Signature: </p> <p>Name (type or print): <u>FRANCISCO Fraire</u></p>			<p>Date: <u>11-9-17</u></p> <p>Title: <u>Owner</u></p>																																		

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM