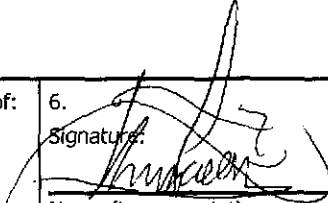


No. <b>W 163767</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> KEVIN F QUINONEZ 5004 SIR JAMES AVE CALDWELL ID 83607 122 Holly St Caldwell ID 83605																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> HDR STUCCO & PLASTERING LLC KEVIN F QUINONEZ <del>5004 SIR JAMES AVE</del> 122 Holly St CALDWELL ID 83607 Caldwell ID 83605		3. <u>New</u> Registered Agent Signature.																																			
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>Kevin F Quinonez</td> <td></td> <td>Caldwell</td> <td>ID</td> <td>USA</td> <td>83605</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Alejandro Martinez</td> <td></td> <td>122 Holly St</td> <td></td> <td></td> <td>Caldwell ID USA 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> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kevin F Quinonez		Caldwell	ID	USA	83605	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Alejandro Martinez		122 Holly St			Caldwell ID USA 83605	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 W 163767</b>	6. Signature:  Name (type or print): <b>Kevin Quinonez</b>		Date: <b>7/28/17</b> Title:																																			
Issued 07/28/2017 by JL1																																						

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.