

No. W 77352	Reinstatement Annual Report Form ADMIN DISSOLVED 12/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) GERARDO SOSA 417 11TH AVE N NAMPA ID 83687
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. VIDEO MEXICO NAMPA, LLC GERARDO SOSA 417 11TH AVE N NAMPA ID 83687		3. <u>New</u> Registered Agent Signature.

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"/>	Gerardo Sosa	417 11th Ave N Nampa				83687
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 77352 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Gerardo Sosa</u> </td> <td style="width: 40%;"> Date: <u>11/2/12</u> </td> </tr> <tr> <td> Name (type or print): <u>GERARDO SOSA</u> </td> <td> Title: _____ </td> </tr> </table>	Signature: <u>Gerardo Sosa</u>	Date: <u>11/2/12</u>	Name (type or print): <u>GERARDO SOSA</u>	Title: _____
Signature: <u>Gerardo Sosa</u>	Date: <u>11/2/12</u>				
Name (type or print): <u>GERARDO SOSA</u>	Title: _____				

Issued 08/31/2012 by LIC

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM