

REINSTATEMENT

No. W 18221	Annual Report Form ADMIN DISSOLVED 05/06/2004		2. Registered Agent and Office NOT A.P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address: Correct in this box, if applicable ARROYO ANDALUSIANS LLC 22977 Whisper Creek Drive 7610 HIDDEN VALLEY DR Middleton, ID 83644 BOISE, ID 83709		STEPHANIE A ALTIG 7610 HIDDEN VALLEY DR 22977 Whisper Creek Dr. BOISE, ID 83709 Middleton, ID 83644																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☒ Managers or ☐ Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Stephanie A. Altig</td> <td>22977 Whisper Creek Dr.</td> <td>Middleton</td> <td>ID</td> <td>83644</td> </tr> <tr> <td>Manager</td> <td>Rick Altig</td> <td>same</td> <td></td> <td></td> <td>83644</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Stephanie A. Altig	22977 Whisper Creek Dr.	Middleton	ID	83644	Manager	Rick Altig	same			83644
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Manager	Stephanie A. Altig	22977 Whisper Creek Dr.	Middleton	ID	83644																
Manager	Rick Altig	same			83644																
5. Organized under the laws of: IDAHO W 18221	6. Signature <u>Stephanie A. Altig</u> Date <u>05/20/04</u> Name (Typed or Printed) <u>Stephanie A. Altig</u> Title _____																				

Issued 05/20/2004