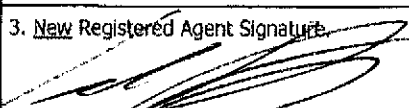
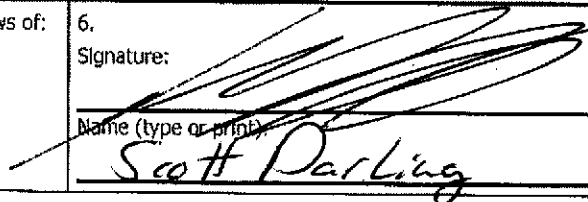


No. <b>W 92707</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/28/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SCOTT DARLING 118 E 37TH ST # 10 GARDEN CITY ID 83714																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> GEM STATE GLASS LLC GEM STATE GLASS 118 E 37TH ST # 10 GARDEN CITY ID 83714		3. <u>New</u> Registered Agent Signature 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Scott Darling</td> <td>1960 W Topline Ln Eagle</td> <td>Id</td> <td>Ada</td> <td></td> <td>83616</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"/>	Scott Darling	1960 W Topline Ln Eagle	Id	Ada		83616	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:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 92707</b> </div>		6. Signature:  <hr/> Name (type or print): <u>Scott Darling</u>																																				
		Date: <u>2/9/17</u> <hr/> Title: <u>Owner</u>																																				
Issued 02/08/2017 by DK1																																						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**