




No. <b>W 56765</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/30/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DAVID T LEHMAN <del>802 W BANNOCK ST STE 700</del> <del>BOISE ID 83702</del> <b>719 N Principle Pl, Ste 100</b> <b>Meridian ID 83642</b>																																			
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> GSA DIRECT, LLC DAVID W LEHMAN <del>802 W BANNOCK ST STE 700</del> <del>BOISE ID 83702</del> <b>719 N Principle Pl, Ste 100</b> <b>Meridian ID 83642</b>		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table 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: 25%;">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: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>David Lehman</td> <td>719 N Principle Pl, Ste 100</td> <td>Meridian</td> <td>ID</td> <td>USA</td> <td>83642</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Anthony Turlington</td> <td>719 N Principle Pl, Ste 100</td> <td>Meridian</td> <td>ID</td> <td>USA</td> <td>83642</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Ryan Fitzgerald</td> <td>719 N Principle Pl, Ste 100</td> <td>Meridian</td> <td>ID</td> <td>USA</td> <td>83642</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"/>	David Lehman	719 N Principle Pl, Ste 100	Meridian	ID	USA	83642	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Anthony Turlington	719 N Principle Pl, Ste 100	Meridian	ID	USA	83642	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Ryan Fitzgerald	719 N Principle Pl, Ste 100	Meridian	ID	USA	83642	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 56765</div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:              Name (type or print):  <b>DAVID LEHMAN</b> </td> <td style="width: 40%;">           Date:  <b>4-20-15</b>            Title:  <b>Manager</b> </td> </tr> </table>		Signature:  Name (type or print): <b>DAVID LEHMAN</b>	Date: <b>4-20-15</b> Title: <b>Manager</b>																																	
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Issued 04/20/2015 by online																																						

## 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.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office