

| No. W 113822 | | Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014 | | 2. Registered Agent and Office (NOT A P.O. BOX) KEVIN J OWINGS 3351 E 3275 N KIMBERLY ID 83341 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------|--|----------|---|---------|-------------------|------|----------------------|------|-------|---------|-------------|---|--------------|---------------|----------|----|-------|-------|---|---------------|---------------|----------|----|-------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. GERTIE'S II, LLC KEVIN J OWINGS 3351 E 3275 N KIMBERLY ID 83341 | | 424 Oneida St. Rupert, Idaho 83350 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. New Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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 Owings</td> <td>3351 E 3275 N</td> <td>Kimberly</td> <td>ID</td> <td>U.S.A</td> <td>83341</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Sherry Owings</td> <td>3351 E 3275 N</td> <td>Kimberly</td> <td>ID</td> <td>U.S.A</td> <td>83341</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 Owings | 3351 E 3275 N | Kimberly | ID | U.S.A | 83341 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Sherry Owings | 3351 E 3275 N | Kimberly | ID | U.S.A | 83341 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 113822 | | 6. Signature: <u>Kevin Owings</u> Name (type or print): <u>Kevin Owings</u> Date: <u>9-19-2014</u> Title: <u>President</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Issued 08/28/2014 by online | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM