

No. W 113822		Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)	
ADMIN DISSOLVED 08/15/2014				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		1. Mailing Address: Correct in this box if needed. GERTIE'S II, LLC KEVIN J OWINGS 3351 E 3275 N KIMBERLY ID 83341 <i>424 Oneida St. Rupert, Idaho 83350</i>			
REINSTATEMENT FEE DUE: \$30.00				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"/>		Kevin Owings	3351 E 3275 N	Kimberly ID	USA 83341
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Sherry Owings	3351 E 3275 N	Kimberly ID	USA 83341
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of: IDAHO W 113822		6. Signature: <i>Kevin Owings</i> Name (type or print): Kevin Owings		Date: <i>9-19-2014</i> Title: <i>President</i>	
Issued 08/28/2014 by online					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM