


No. W 87669		Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013		2. Registered Agent and Office (NOT A P.O. BOX) GLENN R LEAVITT 350 SHEFFIELD CIRCLE IDAHO FALLS ID 83404	
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. GOOD HARBOR LLC GLENN R LEAVITT 350 SHEFFIELD CIRCLE IDAHO FALLS ID 83404 <i>1550 EIK CREEK DR.</i> <i>IDAHO FALLS, ID 83404</i>		3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
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"/>		GLENN LEAVITT		<i>1550 EIK CREEK DR.</i> <i>IDAHO FALLS</i> <i>IDAHO</i> <i>BOISEVILLE</i> <i>83404</i>	
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.			
IDAHO W 87669		Signature: 		Date: <i>2/25/13</i>	
		Name (type or print): <i>GLENN R LEAVITT</i>		Title: <i>MEMBER</i>	
Issued 02/20/2013 by DK1					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Fill out this form. Pay special attention to the mailing address. If the