


FILED

No. W 161701	Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2017		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL S GABLE 2204 W GARDEN AVE NAMPA ID 83651 <i>1921 W. Blossom Ave</i>																																			
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. GABLE GROUP MANAGEMENT IDAHO LLC (THE) 2204 W GARDEN AVE <i>1921 W. Blossom Ave</i> NAMPA ID 83651		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:30%;">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:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Michael S. Gable</td> <td>1921 W. Blossom</td> <td>Nampa</td> <td>Id</td> <td>USA</td> <td>83651</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"/>	Michael S. Gable	1921 W. Blossom	Nampa	Id	USA	83651	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: IDAHO W 161701	6. Signature:  <hr/> Name (type or print): Michael S. Gable		Date: 6-28-2017 <hr/> Title: Manager																																			
Issued 06/28/2017 by online																																						