

No. W 121064	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX) BRUCE E GOODE 211 HOWE CT BOISE ID 83706 331 E 4TH ST WEISER ID 83672																																			
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. GOLDEN GANDER LLC PO BOX 5231 BOISE ID 83705-5231 331 E 4TH ST WEISER ID 83672		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: 20%;">Name</th> <th style="width: 20%;">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: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Bruce E Goode</td> <td>331 E 4TH ST</td> <td>WEISER</td> <td>ID</td> <td>USA</td> <td>83672</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"/>	Bruce E Goode	331 E 4TH ST	WEISER	ID	USA	83672	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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 121064 </div>	6. Signature: <u>Bruce E Goode</u> Date: <u>7/3/16</u> <hr/> Name (type or print): <u>Bruce E Goode</u> <hr/> Title: <u>Owner</u>																																					
Issued 06/24/2016 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM