W 113253

FILED EFFECTIVE

No. W 113253	Reinstatement Annual Report Form ADMIN DISSOLVED 07/15/2014	6/2014 RETT BLAZICEK
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. GELLIPOP LLC BRETT BALZICEK 391 W STATE ST UN & C EAGLE ID 83616	
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 Member Breve Brokek L1801 Sween REA STOPE SON OUTCA		
Manager Member BRETT BURKER LIBOI SWEET REA STOFE SON ESCA GUETO Manager Member Kanko Hashina 1801 Sweet NEA STOFE SON ESCA GUETO		
Manager Member		
Manager Member		
5. Organized Under the La	_ \	
IDAHO	Signature:	Date: 4 10 14
W 113253	Name (type or print)	Title:
Torond 00/00/2014 https://	SEET DENNER	WWEE
Issued 09/09/2014 by onlin	E	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.