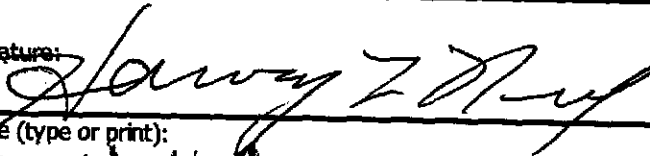


No. W 10659	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) HARVEY L NEEF 5430 W STATE ST BOISE ID 83703
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE \$30.00	1. Mailing Address: Correct in this box if needed. GCRIC, LLC PO BOX 140586 BOISE ID 83714		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Harvey L. Neef	5430 W State St.	Boise ID USA 83703
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Margo Neef	5430 W. State St.	Boise ID USA 83703
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 10659 </div>		6. Signature:  Date: <u>6/11/2014</u> Name (type or print): <u>Harvey L. Neef</u> Title: <u>Member</u>	
Issued 06/11/2014 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM