

No. <b>W 943</b>	<b>Due no later than Mar 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DERROLD SLAVIN 1015 MAIN ST SALMON ID 83467
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> NEW GILMORE L.L.C. DERROLD SLAVIN BOX 41 CARMEN ID 83462		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	DERROLD SLAVIN	Box 41	CARMEN, Id	Id	USA	83462
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	BRUCE SLAVIN	Box 11	CARMEN, Id	Id	USA	83462
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Ted SLAVIN	520 BERNARDO AVE	MORRO Bay,	CA	USA	93442
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Tracy Brooks	644 E 78 Ave	ANCHORAGE,	AK	USA	99503

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO W 943</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature: <u>Derrold Slavin</u> </td> <td style="width: 40%;">           Date: <u>5-6-17</u> </td> </tr> <tr> <td>           Name (type or print): <u>DERROLD SLAVIN</u> </td> <td>           Title: <u>Manager</u> </td> </tr> </table>	Signature: <u>Derrold Slavin</u>	Date: <u>5-6-17</u>	Name (type or print): <u>DERROLD SLAVIN</u>	Title: <u>Manager</u>
Signature: <u>Derrold Slavin</u>	Date: <u>5-6-17</u>				
Name (type or print): <u>DERROLD SLAVIN</u>	Title: <u>Manager</u>				

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