No. W 113753	Reinstatement Annual Report Form ADMIN DISSOLVED 08/31/2016	2. Registered Agent and Office **(NOT A P.O. BOX)** ANGELA FAITH FRASURE 1830 RAINIER DRIVE POCATELLO ID 83201-2255
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** GINGER LOU, L.L.C. ~~157 N 2ND EAST~~ ~~REXBURG ID 83440~~ 1830 RAINIER DR. POCATELLO, ID 83201-2255	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

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 ☐	W. RYAN THUESON	654 HARVEST DR.,	REXBURG,	IDAHO,	USA	83440
Manager ☐ Member ☑	BLAKE D. FRASURE	1830 RAINIER DR.,	POCATELLO,	IDAHO,	USA	83201
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 113753	Signature: Angela F. Frasure Name (type or print): Angela F. Frasure Date: 7-30-18 Title: Registered Agent

Issued 07/30/2018 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM