

8/8/2016

W 102957

No. W 102957	Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016		2. Registered Agent and Office (NOT A P.O. BOX) GABRIEL GONZALEZ 2943 E 650 N ROBERTS ID 83444																																			
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. GONZALEZ TRANSPORTATION LLC GABRIEL GONZALEZ PO BOX 52 ROBERTS ID 83444		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Gabriel Gonzalez</td> <td>PO Box 52</td> <td>Roberts,</td> <td>ID</td> <td></td> <td>83444</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Gabriel Gonzalez	PO Box 52	Roberts,	ID		83444	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: IDAHO W 102957		6. Signature: <u>Gabriel Gonzalez</u> Date: <u>8/8/16</u> Name (type or print): <u>Gabriel Gonzalez</u> Title: <u>Owner</u>																																				

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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 shown in Block 1, please print out and write in the correct address. Make To ensure future mail