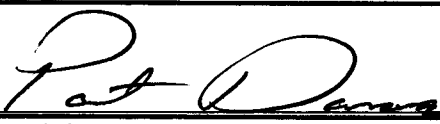


No. <b>W 89440</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/12/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> PATRICK DANOS 618 Twin View Rd Jerome, ID 83338			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> G.U.T.S., LLC PATRICK DANOS 618 Twin View Rd Jerome, ID 83338		3. <u>New</u> Registered Agent Signature.			
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>						
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>						
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State</b>	<b>Country</b>	<b>Postal Code</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Patrick Danos	618 Twin View Rd	Jerome	ID	USA	83338
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Christine Danos	618 Twin View Rd	Jerome	ID	USA	83338
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of:		6.				
IDAHO W 89440		Signature: 			Date: <u>12-31-15</u>	
		Name (type or print): <u>PAT DANOS</u>			Title: _____	