

|  |                       |  |  |   |             |                |                      |
|--|-----------------------|--|--|---|-------------|----------------|----------------------|
| No. <b>W 26849</b>   |                       | <b>Due no later than Nov 30, 2016</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )    |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                       | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>GABICA CABIN, LLC<br>MARTIN J GABICA<br>2323 E. BUCKSKIN CT.<br>EAGLE ID 83616    |  | MARTIN GABICA<br>2323 E. BUCKSKIN CT.<br>EAGLE ID 83616 |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                       |  |  | 3. <u>New</u> Registered Agent Signature:*              |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                       |  |  |   |             |                |                      |
| Office Held<br>MANAGER   | Name<br>MARTIN GABICA | Street or PO Address<br>2323 E BUCKSKIN CT   |  | City<br>EAGLE   | State<br>ID | Country<br>USA | Postal Code<br>83616 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 26849</b>                                 |                       | 6. Annual Report must be signed.*<br><br>Signature: martin gabica<br>Name (type or print): martin gabica<br><br>Date: 10/03/2016<br>Title: manager |  |   |             |                |                      |
| Processed 10/03/2016 * Electronically provided signatures are accepted as original signatures.     |                       |  |  |   |             |                |                      |