



0005082194

**STATE OF IDAHO****Office of the secretary of state, Phil McGrane  
REINSTATEMENT ANNUAL REPORT**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$30.00

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File #: 0005082194

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## Reinstatement Annual Report Form

| Select one: Standard, Expedited or Same Day Service (see descriptions below)  | Standard (filing fee \$30)   |                                    |       |         |                          |         |                                    |
|---|--|------------------------------------|-------|---------|--------------------------|---------|------------------------------------|
| Current Entity Name   | G T Flooring LLC   |                                    |       |         |                          |         |                                    |
| The file number of this entity on the records of the Idaho Secretary of State is:   | 0004320574   |                                    |       |         |                          |         |                                    |
| Organized under the laws of:  | IDAHO  |                                    |       |         |                          |         |                                    |
| Entity Type:  | Limited Liability Company (D)  |                                    |       |         |                          |         |                                    |
| Entity Subtype:   | Limited Liability Company  |                                    |       |         |                          |         |                                    |
| Limited Liability Company Name:   | G T Flooring LLC   |                                    |       |         |                          |         |                                    |
| Limited Liability Company name  |  |                                    |       |         |                          |         |                                    |
| The registered agent on record is:  | <p>Registered Agent</p> <p>GABRIEL C TOSCANO<br/>Registered Agent<br/>Physical Address<br/>830 KINGHORN DR<br/>NAMPA, ID 83651<br/>Mailing Address<br/>830 W KINGHORN DR<br/>GABRIEL CHAVEZ TOSCANO<br/>NAMPA, ID 83651-2240</p> |                                    |       |         |                          |         |                                    |
| The mailing address of the corporation is:  | <p>GABRIEL CHAVEZ TOSCANO<br/>830 W KINGHORN DR<br/>NAMPA, ID 83651-2240</p>   |                                    |       |         |                          |         |                                    |
| Limited Liability Company Managers and Members  |  |                                    |       |         |                          |         |                                    |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>■ GABRIEL CHAVEZ TOSCANO</td> <td>Manager</td> <td>830 KINGHORN DR<br/>NAMPA, ID 83651</td> </tr> </tbody> </table> |  | Name                               | Title | Address | ■ GABRIEL CHAVEZ TOSCANO | Manager | 830 KINGHORN DR<br>NAMPA, ID 83651 |
| Name  | Title  | Address                            |       |         |                          |         |                                    |
| ■ GABRIEL CHAVEZ TOSCANO  | Manager  | 830 KINGHORN DR<br>NAMPA, ID 83651 |       |         |                          |         |                                    |
| The Application for Reinstatement must be signed by at least one governor.  |  |                                    |       |         |                          |         |                                    |
| Job Title:  | owner  |                                    |       |         |                          |         |                                    |
| <i>Gabriel Toscano</i>  | <i>01/26/2023</i>  |                                    |       |         |                          |         |                                    |
| Sign Here   | Date   |                                    |       |         |                          |         |                                    |