

**REINSTATEMENT**

**FILED**

| No. W 4418  | <b>Annual Report Form</b>  | 2. Registered Agent and Office <b>NOT A P.O. BOX</b><br>DREXEL B GIBSON<br>867 S 450 W |             |       |                        |      |       |     |       |               |              |        |    |       |       |              |              |        |    |       |
|---|--|--|-------------|-------|------------------------|------|-------|-----|-------|---------------|--------------|--------|----|-------|-------|--------------|--------------|--------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>P.O. BOX 83720<br>BOISE, ID 83720-0080<br><br>FEE DUE   | 1. Mailing Address - Please Correct, if Not Correct<br>GIBSON PROPERTIES, LIMITED LIABILITY COMPANY<br>PO BOX 404<br>VICTOR ID 83455 | VICTOR ID 83455<br><br>3. Organized Under the Laws of:<br>ID Q 4418                    |             |       |                        |      |       |     |       |               |              |        |    |       |       |              |              |        |    |       |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors<br>Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one) <table border="1" data-bbox="165 504 1519 672"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>owner</td> <td>Drexel Gibson</td> <td>P.O. Box 404</td> <td>Victor</td> <td>ID</td> <td>83455</td> </tr> <tr> <td>owner</td> <td>Sarah Gibson</td> <td>P.O. Box 404</td> <td>Victor</td> <td>ID</td> <td>83455</td> </tr> </tbody> </table> |  |  | Office Held | Name  | Street or P.O. Address | City | State | Zip | owner | Drexel Gibson | P.O. Box 404 | Victor | ID | 83455 | owner | Sarah Gibson | P.O. Box 404 | Victor | ID | 83455 |
| Office Held   | Name   | Street or P.O. Address   | City        | State | Zip                    |      |       |     |       |               |              |        |    |       |       |              |              |        |    |       |
| owner   | Drexel Gibson  | P.O. Box 404   | Victor      | ID    | 83455                  |      |       |     |       |               |              |        |    |       |       |              |              |        |    |       |
| owner   | Sarah Gibson   | P.O. Box 404   | Victor      | ID    | 83455                  |      |       |     |       |               |              |        |    |       |       |              |              |        |    |       |
| 5. Signature of New Registered Agent  | 6. Signature <u>Drexel Gibson</u> Date <u>7/14/99</u><br>Name (Typed or Printed) <u>Drexel Gibson</u> Title <u>owner</u>             |  |             |       |                        |      |       |     |       |               |              |        |    |       |       |              |              |        |    |       |