

No. W 56971	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2013		2. Registered Agent and Office (NOT A P.O. BOX) MATTHEW D MEININGER 324 3RD ST S NAMPA ID 83651																																			
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. NAMPA GUSHER, I.L.C. MATTHEW D MEININGER 324 3RD ST S NAMPA ID 83651																																					
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 ☐ Member ☒</td> <td>Matthew Meininger</td> <td>1718944000 324 3RD ST S</td> <td>Nampa</td> <td>ID</td> <td>USA</td> <td>83651</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	Matthew Meininger	1718944000 324 3RD ST S	Nampa	ID	USA	83651	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐							3. <u>New</u> Registered Agent Signature.
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