



## STATE OF IDAHO

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

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$0.00

*For Office Use Only*

-FILED-

File #: 0005245633

Date Filed: 5/18/2023 10:51:29 AM

| Entity Name and Mailing Address:  |   |   |      |       |                  |             |          |   |
|---|---|---|------|-------|------------------|-------------|----------|---|
| Entity Name:  | (RE)-CREATE, INC.   |   |      |       |                  |             |          |   |
| The file number of this entity on the records of the Idaho Secretary of State is:   | 0000609599  |   |      |       |                  |             |          |   |
| Address   | 25 FOSTER AVE<br>HAMPTON BAYS, NY 11946-2944  |   |      |       |                  |             |          |   |
| Entity Details:   |   |   |      |       |                  |             |          |   |
| Entity Status   | Active-Good Standing  |   |      |       |                  |             |          |   |
| This entity is organized under the laws of:   | IDAHO   |   |      |       |                  |             |          |   |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:   | C202180   |   |      |       |                  |             |          |   |
| The registered agent on record is:  |   |   |      |       |                  |             |          |   |
| Registered Agent  | <p>REGISTERED AGENTS INC<br/>Commercial Registered Agent<br/>Physical Address<br/>784 S CLEARWATER LOOP STE R<br/>POST FALLS, ID 83854<br/>Mailing Address<br/>784 S CLEARWATER LOOP STE R<br/>POST FALLS, ID 83854</p> |   |      |       |                  |             |          |   |
| Agent or Address Change   |   |   |      |       |                  |             |          |   |
| <input type="checkbox"/> Select if you are appointing a new agent.  |   |   |      |       |                  |             |          |   |
| Corporate Officers and Directors:   |   |   |      |       |                  |             |          |   |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Business Address</th> </tr> </thead> <tbody> <tr> <td>Gale Elston</td> <td>Director</td> <td>25 FOSTER AVE<br/>HAMPTON BAYS, NY 11946</td> </tr> </tbody> </table> |   |   | Name | Title | Business Address | Gale Elston | Director | 25 FOSTER AVE<br>HAMPTON BAYS, NY 11946 |
| Name  | Title   | Business Address                        |      |       |                  |             |          |   |
| Gale Elston   | Director  | 25 FOSTER AVE<br>HAMPTON BAYS, NY 11946 |      |       |                  |             |          |   |
| The annual report must be signed by an authorized signer of the entity.   |   |   |      |       |                  |             |          |   |
| Job Title: Authorized Signer  |   |   |      |       |                  |             |          |   |
| <i>Robin Jones</i><br>Sign Here   |   |   |      |       |                  |             |          |   |
| <i>05/18/2023</i><br>Date   |   |   |      |       |                  |             |          |   |