


<b>No. W 18447</b>		<b>Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> DAVID CAPELL 353 N 4TH STE 210 POCATELLO ID 83201	
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b> GREEN STAMP STORE, L.L.C. (THE) DAVID I CAPELL PO BOX 1304 POCATELLO ID 83204			
<b>REINSTATEMENT FEE DUE: \$30.00</b>				<b>3. New Registered Agent Signature.</b>	
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>					
<b>Manager or Member</b>		<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>		DAVID CAPELL	1639 SYRINGA	POCATELLO	ID USA 83201
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
<b>5. Organized Under the Laws of:</b>  IDAHO W 18447		<b>6.</b> <b>Signature:</b>  <b>Name (type or print):</b> DAVID I. CAPELL <b>Date:</b> 6-20-13 <b>Title:</b> MANAGING MEMBER			
Issued 06/20/2013 by KAH					

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the