


No. W 4417	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) DREXEL B GIBSON 8505 S 4500 W VICTOR ID 83455
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. REFUGE, LIMITED LIABILITY COMPANY (THE) PO BOX 404 VICTOR ID 83455		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Drexel B. Gibson	PO Box 404	Victor ID USA 83455
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Sarah E. Gibson	P.O. BOX 404	Victor ID USA 83455
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 4417 </div>	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): Drexel B. Gibson </div> <div style="width: 35%;"> Date: 11/3/2014 <hr/> Title: Manager </div> </div>		
Issued 10/21/2014 by online			

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 corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box**