

No. W 99009	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2013		2. Registered Agent and Office (NOT A P.O. BOX) MARK UTTING 424 MOBLEY DR BOISE ID 83712																																			
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. KRALL G & M, LLC GEMMA P UTTING 424 MOBLEY DR BOISE ID 83712 USA		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 5%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>MARK UTTING</td> <td>424 MOBLEY DR</td> <td>BOISE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>GEMMA UTTING</td> <td>ID 83712</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>424 MOBLEY DR</td> <td>BOISE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>ID 83712</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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MARK UTTING	424 MOBLEY DR	BOISE				Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	GEMMA UTTING	ID 83712					Manager <input type="checkbox"/> Member <input type="checkbox"/>		424 MOBLEY DR	BOISE				Manager <input type="checkbox"/> Member <input type="checkbox"/>		ID 83712				
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5. Organized Under the Laws of: IDAHO W 99009	6. Signature: <u>Gemma Utting</u> Date: <u>NOV 21 2013</u> Name (type or print): <u>GEMMA UTTING</u> Title: <u>MANAGER</u>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM