

No. W 25729	Reinstatement Annual Report Form ADMIN DISSOLVED 11/17/2015	2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. GEM COUNTY DRIVING ACADEMY, LLC 3376 N LAKEHARBOR LN #103- BOISE ID 83703 362 Sherwood Rd. Middleton, ID 83644	CAMILLE K WOODWORTH <i>Kelsey M. Hawk</i> 3376 N LAKEHARBOR LN #103 BOISE ID 83703 362 Sherwood Rd. Middleton, ID 83644 3. <u>New</u> Registered Agent Signature. FILED <i>Kelsey McCallie Hawk</i>																																			
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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>Kelsey M. Hawk</i></td> <td><i>362 Sherwood Rd.</i></td> <td><i>Middleton, ID</i></td> <td><i>USA</i></td> <td><i>USA</i></td> <td><i>83644</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Kelsey M. Hawk</i>	<i>362 Sherwood Rd.</i>	<i>Middleton, ID</i>	<i>USA</i>	<i>USA</i>	<i>83644</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 25729	6. <i>Camille K. Woodworth (deceased)</i> Signature: <i>Kelsey M. Hawk</i> Name (type or print): <i>Kelsey M. Hawk</i> Date: <i>10 June 2018</i> Title: <i>manager</i>																																				
Issued 06/06/2018 by JL1																																					