

| No. <b>W 3272</b>  | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 03/10/2006</b>  |                           | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>TRAVIS L. BOWEN, P.C.<br><del>1906 JENNIE LEE DR.</del><br><del>IDAHO FALLS ID 83404</del><br>Larry R. Gillette<br>1691 South 1800 East<br>Gooding, ID 83330 |  |         |                      |      |       |         |             |   |                   |                           |    |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|---------------------------|---|--|---------|----------------------|------|-------|---------|-------------|---|-------------------|---------------------------|----|-----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>  |   |                           |   | 1. Mailing Address: <b>Correct in this box if needed.</b><br>GILLETTE INVESTMENTS MANAGEMENT, L.C.<br><del>LAWRENCE A GILLETTE</del><br><del>RT 1 BOX 1326</del><br><del>PAUL ID 83347</del><br>Larry R. Gillette<br>1691 South 1800 East<br>Gooding, ID 83330 |         |                      |      |       |         |             |   |                   |                           |    |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.<br><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>Larry R. Gillette</td> <td>751 West 900 North, Paul,</td> <td>ID</td> <td>USA</td> <td></td> <td>83347</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"/> | Larry R. Gillette | 751 West 900 North, Paul, | ID | USA |  | 83347 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member  | Name  | Street or PO Address      | City  | State  | Country | Postal Code          |      |       |         |             |   |                   |                           |    |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>  | Larry R. Gillette   | 751 West 900 North, Paul, | ID  | USA  |         | 83347                |      |       |         |             |   |                   |                           |    |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |                           |   |  |         |                      |      |       |         |             |   |                   |                           |    |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |                           |   |  |         |                      |      |       |         |             |   |                   |                           |    |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |                           |   |  |         |                      |      |       |         |             |   |                   |                           |    |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO</b><br><b>W 3272</b>   | 6. Signature: <u>Larry R. Gillette</u> Date: <u>Aug 20, 2013</u><br>Name (type or print): <u>Larry R. Gillette</u> Title: <u>Legal Representative</u> |                           |   |  |         |                      |      |       |         |             |   |                   |                           |    |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**