

9/18/2018

W 167173

No. W 167173 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 09/11/2018 1. Mailing Address: Correct in this box if needed. GOOTSH LIMITED LIABILITY COMPANY GAVIN KING 1910 SUNNY RIDGE RD NAMPA ID 83686		2. Registered Agent and Office (NOT A P.O. BOX) GAVIN KING 1910 SUNNY RIDGE RD NAMPA ID 83686 3. <u>New</u> Registered Agent Signature.																																		
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 ☒ Member ☐</td> <td>Gavin King</td> <td>1910 Sunnyridge Road</td> <td>Nampa</td> <td>Id</td> <td>USA</td> <td>83686</td> </tr> <tr> <td>Manager ☒ Member ☐</td> <td>Zandra J. Kig</td> <td>1910 Sunnyridge Rd.</td> <td>Nampa</td> <td>Id</td> <td>USA</td> <td>83686</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	Gavin King	1910 Sunnyridge Road	Nampa	Id	USA	83686	Manager ☒ Member ☐	Zandra J. Kig	1910 Sunnyridge Rd.	Nampa	Id	USA	83686	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 167173	6. Signature: <u>Gaven J. King</u> Date: <u>09/18/2018</u> Name (type or print): <u>Gavin J. King</u> Title: <u>Manager</u>																																				

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