

No. W 111667	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013		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. ABLE BANKRUPTCY / GATES LAW PLLC PO BOX 1059 1311 FIRST ST SOUTH NAMPA ID 83651-1059 APT 1 NAMPA ID 83651		DEBORAH A GATES 1311 FIRST 1311 FIRST ST SOUTH ST SO. 2ND FL SUITE 301 APT 1 NAMPA ID 83651 NAMPA ID 83651																																			
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>Deborah A. Gates</td> <td>1311 FIRST ST SOUTH APT 1</td> <td>NAMPA ID</td> <td>USA</td> <td></td> <td>83651</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> <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 ☒	Deborah A. Gates	1311 FIRST ST SOUTH APT 1	NAMPA ID	USA		83651	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 111667	6. Signature:  Date: 1-30-15 Name (type or print): DEBORAH A GATES Title: Member, Manager Agent																																					

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REINSTATEMENT ANNUAL REPORT FORM