No. W 54203	1	Due no later than Sep 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	1 Mailing	Annual Report Form 1. Mailing Address: Correct in this box if needed.		CLINT TAVENNER 1077 W RIVERVIEW DR			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	GFB, LLC CLINT TAVI 1077 W RIV	NNER RVIEW DR	IDAHO FALLS ID 83401 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	IDAHO FALL	IDAHO FALLS ID 83401		3. <u>recv</u> registered Agent Signature.			
4. Limited Liability Companies: Ente	r Names and Addres	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER CLINT	ΓAVENNER	1077 W RIVERVIEW DR	IDAHO FALLS	ID		83401	
MEMBER RUSSEI	L GRIFFETH	2037 E 1 <i>7</i> TH ST	IDAHO FALLS	ID		83404	
5. Organized Under the Laws of: 6. Annual Re		ort must be signed.*					
ID	Signature: (Signature: CLint Tavenner		Date: 07/25/2016			
W 54203	Name (type	Name (type or print): CLint Tavenner		Title: Manager			
Processed 07/25/2016	* Electronically	* Electronically provided signatures are accepted as original signatures.					