

No. W 127262	Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. GCG PRODUCTIONS LLC PO BOX 116 BOISE ID 83701		KAREN DAY ZAK 810 N 21ST BOISE ID 83702 1119 N Eagle Rd Eagle Id 83616	
<b>REINSTATEMENT FEE DUE: \$30.00</b>			3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State Country Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Karen Day Zak 1119 N Eagle Rd Eagle ID 83616			
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
5. Organized Under the Laws of:				
IDAHO W 127262	6. Signature: <u>Karen Day Zak</u> Name (type or print): <u>Karen Day Zak</u>			
				Date: <u>10/18/17</u> Title: <u>Manager</u>
Issued 10/18/2017 by JL1				

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the address must be inside Block 1.