

No. W 127262	Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016	2. Registered Agent and Office (NOT A P.O. BOX) KAREN DAY ZAK 810 N 21ST <i>1119 N Eagle Rd</i> BOISE ID 83702 <i>Eagle Id</i> <i>83616</i>																																			
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	3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>Karen Day Zak</i></td> <td><i>1119 N Eagle Rd</i></td> <td><i>Eagle</i></td> <td><i>ID</i></td> <td></td> <td><i>83616</i></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"/>	<i>Karen Day Zak</i>	<i>1119 N Eagle Rd</i>	<i>Eagle</i>	<i>ID</i>		<i>83616</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 127262</div>	6. <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;"> Signature: <i>Karen Day Zak</i> </td> <td style="width: 40%;"> Date: <i>10/18/17</i> </td> </tr> <tr> <td> Name (type or print): <i>Karen Day Zak</i> </td> <td> Title: <i>Manager</i> </td> </tr> </table>		Signature: <i>Karen Day Zak</i>	Date: <i>10/18/17</i>	Name (type or print): <i>Karen Day Zak</i>	Title: <i>Manager</i>																															
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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.