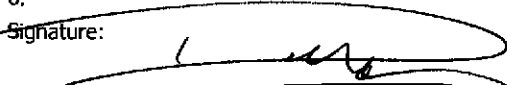


No. W 181624	Reinstatement Annual Report Form ADMIN DISSOLVED 07/23/2018		2. Registered Agent and Office (NOT A P.O. BOX) MARK S DOTY 309 E 39TH ST #7 GARDEN CITY ID 83714
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. GOTCHA COVERED PAINT AND TILE LLC MARK S DOTY 309 E 39TH ST #7 GARDEN CITY ID 83714		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>Mark Doty</i> <i>309 E 39th St #7</i> <i>Garden City</i> <i>ID</i> <i>USA</i> <i>83714</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"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 181624 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): <i>Mark S. Doty</i> </div> <div style="width: 35%;"> Date: <i>8-6-18</i> <hr/> Title: <i>Pres</i> </div> </div>	
Issued 08/06/2018 by TLB			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM