

No. W 86449	Reinstatement Annual Report Form ADMIN DISSOLVED 11/10/2010		2. Registered Agent and Office (NOT A P.O. BOX) SUKHJIT GILL 931 CYPRESS ST LEWISTON ID 83501			
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b>  GILL'S, LLC  931 CYPRESS ST LEWISTON ID 83501		3. <u>New Registered Agent Signature.</u>			
<b>REINSTATEMENT</b> <b>FEE DUE: \$30.00</b>						
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.</b>						
Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code
SUKHJIT	GILL	931 CYPRESS ST	LEWISTON, ID	USA	83501	
AMERJIT	GILL	931 CYPRESS ST	LEWISTON, ID.	USA	83501	
5. Organized Under the Laws of:		6.				
IDAHO W 86449		Signature:				Date: 11/23/10
		Name (type or print):	<u>SUKHJIT GILL</u>			Title: <u>mgr/mba</u>
Issued 11/19/2010 by SLD						

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.  
**Note:** To ensure future mailings, the corrected address **must** be inside Block 1.