


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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. GILL'S, LLC 931 CYPRESS ST LEWISTON ID 83501		3. <u>New</u> Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code
SUKHJIT	GILL	931 CYPRESS ST	LEWISTON, ID	USA		83501
AMERTIT	GILL	931 CYPRESS ST	LEWISTON, ID	USA		83501
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 86449</div>		6. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> Signature:  <hr/> Name (type or print): <u>SUKHJIT GILL</u> </div> <div style="text-align: right;"> Date: <u>11/23/10</u> <hr/> Title: <u>mgr/mgr</u> <u>owner</u> </div> </div>				
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.