

No. L 6783	Reinstatement Annual Report Form ADMIN TERMINATED 03/30/2015		2. Registered Agent and Office (NOT A P.O. BOX)
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. GAS N GRUB PROPERTIES LLLP KIP OLSON 2165 STAFFORD CIRCLE <i>Pa Box 1867</i> IDAHO FALLS ID-83401 <i>83403</i>	KIP OLSON 2165 STAFFORD CIR IDAHO FALLS ID 83401	
REINSTATEMENT FEE DUE: \$30.00		3. <u>New</u> Registered Agent Signature.	
4. Limited Partnerships: Enter Names and Business Addresses of general partners.			
General Partners	Name	Street or PO Address	City State Country Postal Code
<i>KIP OLSON</i>		<i>2165 STAFFORD CIR</i>	<i>IDAHO FALLS ID USA</i> <i>83401</i>
5. Organized Under the Laws of:	6.		
IDAHO L 6783	Signature: <i>Ki</i> Name (type or print): _____		
	Date: <i>8-26-15</i> Title: _____		

Issued 08/19/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM