


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>PO 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. <table border="1"> <thead> <tr> <th>General Partners</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td></td> <td>KIP OLSON</td> <td>2165 STAFFORD CIR</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83401</td> </tr> </tbody> </table>				General Partners	Name	Street or PO Address	City	State	Country	Postal Code		KIP OLSON	2165 STAFFORD CIR	Idaho Falls	ID	USA	83401
General Partners	Name	Street or PO Address	City	State	Country	Postal Code											
	KIP OLSON	2165 STAFFORD CIR	Idaho Falls	ID	USA	83401											
5. Organized Under the Laws of: IDAHO L 6783	6. Signature: <u></u> Name (type or print): _____ Date: <u>8-26-15</u> Title: _____																
Issued 08/19/2015 by online																	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM