


No. W 75960	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2011		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. OLD TOWN GAS & GO, LLC MARK MARTIN 303 MAIN AVE E TWIN FALLS ID 83301 USA 247 River Vista Pl, Ste 200 Twin Falls, ID 83301 USA		MARK L MARTIN 761 MAIN AVE E TWIN FALLS ID 83301																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Mark Martin</td> <td>2273 Candleridge E Circle</td> <td>Twin Falls, ID, USA</td> <td>83301</td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Craig Rencher</td> <td>1148 Harmony Rd,</td> <td>Twin Falls, ID, USA</td> <td>83301</td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Mark Martin	2273 Candleridge E Circle	Twin Falls, ID, USA	83301			Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Craig Rencher	1148 Harmony Rd,	Twin Falls, ID, USA	83301			Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. New Registered Agent Signature.	
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5. Organized Under the Laws of: IDAHO W 75960	6. Signature:  Date: <u>10/31/12</u> Name (type or print): <u>Mark Martin</u> Title: <u>Member</u>																																					

Issued 10/17/2012 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM