


11/15/2016

W 95716

No. <b>W 95716</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2016</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b>																																			
Return to: <b>SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</b>	<b>1. Mailing Address: Correct in this box if needed.</b> <b>GALE, MATTIE AND KIKI ELSTON, LLC GALE ELSTON 599 E 7TH ST 1K BROOKLYN NY 11218</b>		<b>GALE P ELSTON PC 10793 E HAYDEN LAKE RD HAYDEN LAKE ID 83835</b>																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>			<b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>GALE P. ELSTON</td> <td>365 BRIDGE ST</td> <td>BROOKLYN</td> <td>NY</td> <td></td> <td>11201 390</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> <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"/>	GALE P. ELSTON	365 BRIDGE ST	BROOKLYN	NY		11201 390	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO W 95716</b>	<b>6.</b> <b>Signature:</b>  <b>Name (type or print):</b> <u>GALE P. ELSTON</u> <b>Date:</b> <u>11/15/2016</u> <b>Title:</b> <u>MEMBER</u>																																					
<b>Issued 11/15/2016 by online</b>																																						