

Change to:

No. W 104941 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	Reinstatement Annual Report Form ADMIN DISSOLVED 10/27/2017 1. Mailing Address: Correct in this box if needed. GATEWAY MARINA HOLDINGS LLC PO BOX 232 HARRISON ID 83833	2. Registered Agent and Office (NOT A P.O. BOX) LEEANN HALL 5515 STEAMBOAT BEND POST FALLS ID 83854 100 Cedar Harrison ID 83833																																			
REINSTATEMENT FEE DUE: \$30.00	3. <u>New</u> Registered Agent Signature.																																				
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>Leeann Wallace</td> <td>100 Cedar</td> <td>Harrison</td> <td>ID</td> <td>Kootenai</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Greg Wallace</td> <td>100 Cedar</td> <td>Harrison</td> <td>ID</td> <td>Kootenai</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"/>	Leeann Wallace	100 Cedar	Harrison	ID	Kootenai		Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Greg Wallace	100 Cedar	Harrison	ID	Kootenai		Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 104941	6. Signature: <u>Leeann Wallace</u> Date: <u>12-4-17</u> Name (type or print): <u>Leeann Wallace</u> Title: <u>owner/manager</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct address is not known, look it out and write in the correct address. **Note:** To ensure future mailings, the