


No. W 157123	Reinstatement Annual Report Form ADMIN DISSOLVED 01/24/2017		2. Registered Agent and Office (NOT A P.O. BOX) GAIL M LECOMPTE 21787 S LAKEVIEW DR WORLEY ID 83876																																			
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. G&K UNIVERSAL CONCEPTS, LLC 21787 S LAKEVIEW DR WORLEY ID 83876		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Gail LeCompte</td> <td>21787 S. Lakeview Dr</td> <td>Worley</td> <td>ID</td> <td>US</td> <td>83876</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kyle LeCompte</td> <td>21787 S. Lakeview Dr</td> <td>Worley</td> <td>ID</td> <td>US</td> <td>83876</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Gail LeCompte	21787 S. Lakeview Dr	Worley	ID	US	83876	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kyle LeCompte	21787 S. Lakeview Dr	Worley	ID	US	83876	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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 157123 </div>	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): Gail LeCompte </div> <div style="width: 35%;"> Date: 2-01-2017 <hr/> Title: Manager Co-Owner </div> </div>																																					
Issued 02/01/2017 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM