

No. W 161701	Due no later than Feb 28, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL S GABLE 1921 W BLOSSOM AVE NAMPA ID 83651	
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. GABLE GROUP MANAGEMENT IDAHO LLC (THE) 1921 W BLOSSOM AVE NAMPA ID 83651		3. <u>New</u> Registered Agent Signature.	
NO FILING FEE IF RECEIVED BY DUE DATE				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name <u>Michael S. Gable</u>	Street or PO Address <u>1921 W. Blossom Ave</u>	City <u>Nampa</u>	State <u>Id</u> Country <u>us</u> Postal Code <u>83651</u>
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
5. Organized Under the Laws of: IDAHO W 161701		6. Signature:  Name (type or print): <u>Michael S. Gable</u>		
		Date: <u>3-14-18</u> Title: <u>Manager</u>		

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