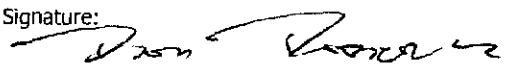
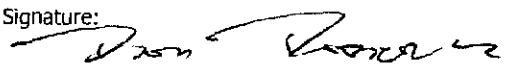
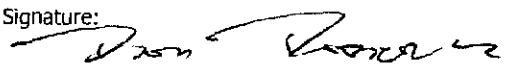


No. W 27216	Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015		2. Registered Agent and Office (NOT A P.O. BOX) TRAVIS KLUNDT 137 WOODBRIDGE DR TWIN FALLS ID 83301 2937 Elizabeth Blvd Twin Falls, ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. GOLDS PLAZA, LLC TRAVIS KLUNDT 137 WOODBRIDGE DR. TWIN FALLS ID 83301 2058 Overland Ave Burley, ID 83318		3. <u>New</u> Registered Agent Signature.

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Randy D Curtis	3484 E 3880 N	Kimberly	ID	USA	83341
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Bob Roberts	2292 Candleridge E Circle	Twin Falls	ID	USA	83301
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Travis Klundt	2937 Elizabeth Blvd	Twin Falls	ID	USA	83301
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 27216 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>9/15/2015</u> </td> </tr> <tr> <td> Name (type or print): Bob Roberts </td> <td> Title: Member </td> </tr> </table>	Signature: 	Date: <u>9/15/2015</u>	Name (type or print): Bob Roberts	Title: Member
Signature: 	Date: <u>9/15/2015</u>				
Name (type or print): Bob Roberts	Title: Member				

Issued 09/14/2015 by online