
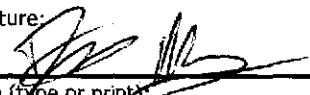


FILED EFFECTIVE

No. W 94253	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2016		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. GATOR JACK'S OF REXBURG LLC STEVE WINEGAR 160 WEST 2ND SOUTH 100 REXBURG ID 83440		STEVE WINEGAR <i>Dylan Makemson</i> 307 RANDY DR <i>455 W 5th S.</i> REXBURG ID 83440 <i>REXBURG ID 83440</i>																																			
			3. New 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><i>Dylan Makemson</i></td><td><i>455 W. 5th S.</i></td><td><i>REXBURG,</i></td><td><i>ID</i></td><td></td><td><i>83440</i></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"/>	<i>Dylan Makemson</i>	<i>455 W. 5th S.</i>	<i>REXBURG,</i>	<i>ID</i>		<i>83440</i>	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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5. Organized Under the Laws of: IDAHO W 94253	6. Signature:  Name (type or print): <u><i>Dylan Makemson</i></u> Date: <u><i>12/1/16</i></u> Title: <u><i>member</i></u>																																					
Issued 11/29/2016 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM