

No. <b>W 132429</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  GARTH KUYKENDALL 859 COUNTY ROAD 22 CAREYWOOD ID 83809																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: <b>Correct in this box if needed.</b> G & R INDUSTRIES, LLC GARTH KUYKENDALL PO BOX 20 CAREYWOOD ID 83809		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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Garth Kuykendall</td> <td>PO Box 20</td> <td>Careywood</td> <td>ID</td> <td>USA</td> <td>83809</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>RaeAnn Kuykendall</td> <td>PO Box 20</td> <td>Careywood</td> <td>ID</td> <td>USA</td> <td>83809</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"/>	Garth Kuykendall	PO Box 20	Careywood	ID	USA	83809	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	RaeAnn Kuykendall	PO Box 20	Careywood	ID	USA	83809	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Garth Kuykendall	PO Box 20	Careywood	ID	USA	83809																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	RaeAnn Kuykendall	PO Box 20	Careywood	ID	USA	83809																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <b>IDAHO W 132429</b>	6. Signature: <u><i>G. Kuykendall</i></u> Name (type or print): <u>GARTH Kuykendall</u>			Date: <u>3/16/14</u> Title: <u>owner</u>																																		

Issued 03/15/2016 by CLH