

No. <b>W 131249</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/10/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> EMILY GILBERT <del>333 BARE ST #3</del> <del>REXBURG ID 83440</del> Emily Gilbert 2077 West Lake Ponte Ct Nampa, ID 83651																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> <del>GILBERT ALLIANCE, LLC</del> <del>333 BARE ST #3</del> <del>REXBURG ID 83440</del> 2077 W Lake Ponte Ct. Nampa, ID 83651		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Preston Gilbert</td> <td>2077 W Lake Ponte Ct.</td> <td>Nampa</td> <td>ID</td> <td>USA</td> <td>83651</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Preston Gilbert	2077 W Lake Ponte Ct.	Nampa	ID	USA	83651	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:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">             IDAHO              W 131249           </div>		6. <table style="width: 100%;"> <tr> <td style="width: 60%;">           Signature: <u>Preston J. Gilbert</u> </td> <td style="width: 40%;">           Date: <u>3-25-15</u> </td> </tr> <tr> <td>           Name (type or print): <u>Preston J. Gilbert</u> </td> <td>           Title: <u>Owner</u> </td> </tr> </table>		Signature: <u>Preston J. Gilbert</u>	Date: <u>3-25-15</u>	Name (type or print): <u>Preston J. Gilbert</u>	Title: <u>Owner</u>																															
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Issued 03/23/2015 by online																																						

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected