

No. <b>W 120423</b>		Reinstatement Annual Report Form <b>ADMIN DISSOLVED 03/10/2014</b>		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT J GIESBRECHT <del>2636 OLIVE RD</del> <del>AMERICAN FALLS ID 83211</del> 2815 W 2200 S Aberdeen, ID 83210	
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: Correct in this box if needed. 2RG2, LLC ROBERT J GIESBRECHT <del>2636 OLIVE RD</del> <del>AMERICAN FALLS ID 83211</del> 2815 W 2200 S Aberdeen, ID 83210		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	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Robert J. Giesbrecht, 2815 W 2200 S, Aberdeen, ID 83210			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Richard M. Giesbrecht, 3085 S. Creek Pointe Ln, Eagle ID 83616-7186			
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 120423</b>		6. Signature:  Name (type or print): Robert Giesbrecht		Date: 2-16-17 Title: Member	
Issued 01/26/2017 by online					

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**