

REINSTATEMENT

No. W 51692 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	Annual Report Form ADMIN DISSOLVED 09/05/2007 1. Mailing Address - Correct in this box, if applicable 4ES BAR LLC PO BOX 831 KUNA, ID 83634	2. Registered Agent and Office NOT A P.O. BOX JERRY L FORREY 379 MAIN ST KUNA, ID 83634 3. New registered agent signature										
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Owner</td> <td>Jerry Forney</td> <td>P.O. Box 831</td> <td>Kuna, Id</td> <td>83634</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	Zip	Owner	Jerry Forney	P.O. Box 831	Kuna, Id	83634
Office held	Name	Street or P.O. Address	City	Zip								
Owner	Jerry Forney	P.O. Box 831	Kuna, Id	83634								
5. Organized under the laws of: IDAHO W 51692	6. Signature <u>Jerry Forney</u> Date <u>9-24</u> Name (Typed or Printed) <u>Jerry Forney</u> Title <u>Owner</u>											

Issued 09/13/2007 by LG

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- Block 1:** 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 address **must** be inside Block 1.
- Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**
- Block 3:** Only a new registered agent must sign in Block 3.
- Block 4:** Enter names and business addresses of president, secretary, and directors (for corporations only), management (for LLCs only), or at least two (2) partners (for LPs and LLPs only. **Note:** Putting "same as last year" or "same as above" will not be accepted.
- Block 5:** May not be altered through the use of this form.
- Block 6:** The annual report must be signed by a person authorized to represent the corporation/LLC/LP/LLP. Print or type the name and title of the signer below the signature.

FILED EFFECTIVE

SECRETARY OF STATE
STATE OF IDAHO

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