

No. W 136995	Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) JORI RUBINK 430 NICOLE DR JEROME ID 83338
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. 4 R ENTERPRISES, LLC JORI RUBINK 430 NICOLE DR JEROME ID 83338		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jori Rubink	430 Nicole Dr	Jerome	ID	US	83338
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Crystal Rubink	430 Nicole Dr	Jerome	ID	US	83338
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Dane Rubink	430 Nicole Dr	Jerome	ID	US	83338
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Joel Rubink	430 Nicole Dr	Jerome	ID	US	

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 136995 </div>	6. Signature: <u>Jori Rubink</u> Name (type or print): <u>Jori Rubink</u>	Date: <u>8/3/15</u> Title: <u>Owner</u>
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Issued 07/28/2015 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM