




No. <b>C 72338</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> STEPHEN D YORK 2144 HILLCREST LANE TWIN FALLS ID 83301														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> FOURWISE ENDEAVORS, INC. STEPHEN D YORK 2144 HILLCREST LANE TWIN FALLS ID 83301																
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</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>President</td> <td>Steve York</td> <td>2144 Hillcrest Ln</td> <td>Twin Falls</td> <td>ID</td> <td>Twin Falls</td> <td>83301</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Steve York	2144 Hillcrest Ln	Twin Falls	ID	Twin Falls	83301	3. <u>New</u> Registered Agent Signature.
			Office Held	Name	Street or PO Address	City	State	Country	Postal Code								
President	Steve York	2144 Hillcrest Ln	Twin Falls	ID	Twin Falls	83301											
5. Organized Under the Laws of:  <b>IDAHO C 72338</b>	6. <table border="1"> <tr> <td>Signature: </td> <td>Date: <u>6-28-16</u></td> </tr> <tr> <td>Name (type or print): <u>Steve York</u></td> <td>Title: <u>President</u></td> </tr> </table>		Signature: 	Date: <u>6-28-16</u>	Name (type or print): <u>Steve York</u>	Title: <u>President</u>											
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