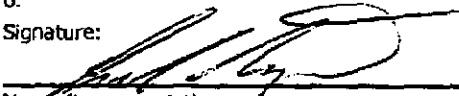


W 102633

Page 1 of 4

No. W 102633		Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) CARL TOUPIN 281 SOUTH 1ST EAST SODA SPRINGS ID 83276-1601																																				
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. 4T ENTERPRISES LLC CARL TOUPIN 281 SOUTH 1ST EAST SODA SPRINGS ID 83276-1601 USA																																						
REINSTATEMENT FEE DUE: \$30.00				3. <u>New</u> Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																								
<table border="1"><thead><tr><th>Manager or Member</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>Manager: <input checked="" type="checkbox"/> Member: <input type="checkbox"/></td><td>Carl Toupin</td><td>281 South 1st East</td><td>Soda Springs</td><td>ID</td><td>USA</td><td>83276</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"/>	Carl Toupin	281 South 1st East	Soda Springs	ID	USA	83276	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: IDAHO W 102633		6. Signature:  Name (type or print): <u>Carl Toupin</u> Date: <u>9-11-15</u> Title: <u>Manager</u>																																						
Issued 09/11/2015 by online																																								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM