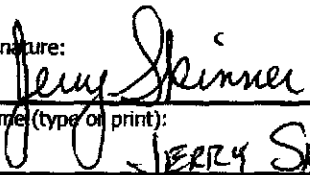


No. W 85126	Reinstatement Annual Report Form ADMIN DISSOLVED 10/11/2013		2. Registered Agent and Office (NOT A P.O. BOX) JERRY SKINNER 510 138TH ST OROFINO ID 83544
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. RENNIKS ENTERPRISES LLC JERRY SKINNER PO BOX 2285 OROFINO ID 83544		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 City State Country Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> STEPHANIE SKINNER POBOX 2285 OROFINO ID USA 83544			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: x-large;"> IDAHO W 85126 </div>		6. Signature: <u></u> Date: <u>4/3/14</u> Name (type or print): <u>JERRY SKINNER</u> Title: <u>OWNER</u>	

Issued 01/22/2014 by JLI

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM