


No. W 127544	Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) DALE H RICHINS 1025 N 1825 E TERRETON ID 83647																																								
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. R & R CARRIAGES, LLC. PO BOX 51 TERRETON ID 83647		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.																																										
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:25%;">Manager or Member</th> <th style="width:25%;">Name</th> <th style="width:20%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> </td> <td></td> <td>Dale Richins</td> <td>P.O. Box 57</td> <td>Terreton</td> <td>ID</td> <td>Jefferson</td> <td>83450</td> </tr> <tr> <td style="vertical-align: top;"> Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> </td> <td></td> <td>Clayton Richins</td> <td>P.O. Box 70</td> <td>Terreton</td> <td>ID</td> <td>Jefferson</td> <td>83450</td> </tr> <tr> <td style="vertical-align: top;"> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="vertical-align: top;"> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td></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"/>		Dale Richins	P.O. Box 57	Terreton	ID	Jefferson	83450	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Clayton Richins	P.O. Box 70	Terreton	ID	Jefferson	83450	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: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 127544 </div>	6. Signature:  <hr/> Name (type or print): Clayton H. Richins		Date: 1/27/2015 <hr/> Title: 1/27/2015																																								
Issued 01/27/2015 by online																																											

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM