

No. W 78919	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) KATHERINE R ELWELL 401 E AVENUE JEROME ID 83338
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. FOUR MONKEYS, LLC KATHERINE R ELWELL 401 E AVENUE JEROME ID 83338		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	DAVID Elwell 401 E. Ave A Jerome, ID Jerome 83338		
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: 1.2em;"> IDAHO W 78919 </div>	6. Signature: <u>Katherine R Elwell</u> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Name (type or print): <u>Katherine R Elwell</u> </div> <div style="width: 35%;"> Date: <u>8-26-13</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Title: <u>owner/manager</u> </div> </div>		
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