

No. W 76838	Reinstatement Annual Report Form ADMIN DISSOLVED 11/10/2010		2. Registered Agent and Office (NOT A P.O. BOX) ROSE ANN ECKROTE 1411 FALLS AVE EAST STE 215 TWIN FALLS ID 83301
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 SONS, LLC ROSE ANN ECKROTE 780 FALLS AVE #190 TWIN FALLS ID 83301		3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.			
Manager/Member	Name	Street or PO Address	City State Country Postal Code
<div style="font-size: 2em; font-family: cursive;">Rose Ann Eckrote</div> <div style="font-size: 4em; margin-top: -20px;">↓</div>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 76838</div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature: <u>Rose Ann Eckrote</u> </div> <div> Date: <u>11-20-10</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Name (type or print): <u>ROSE ANN ECKROTE</u> </div> <div> Title: _____ </div> </div>	
Issued 11/19/2010 by JL1			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.
Note: To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The new registered agent must be a resident of Idaho.