



## **Idaho Limited Liability Company Reinstatement Form**

## Return completed form to:

/ (松、 ) ( ) ( )	Idaho Limited Lia	bility Company Reinstaten	Return completed form to: Idaho Secretary of State Attn: Reinstatements 450 North 4th Street
Reinstatement fee: \$30.00.			Boise, ID 83720 Phone: (208) 334-2300
SOS Control N	Number: 315984 Company (D)	Filing Status: Inactive-Dissolved ( Date Formed: 04/08/2011	N
Name and Mai W.J.H. PROPE APT 2 301 TAMERA I GRANGEVILLI	ERTIES LLC	(1) Add (	or Change Mailing Address:
WILLIAM KASO 301 TAMERA I GRANGEVILLI	DR APT 2 E, ID 83530	ered Office address must be a physical Idaho	ge RA and/or RO Address:  O O O O D address (no postal box).
(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above to These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.			
Manager/Member	Name	Business Address	City, State, Zip
Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem	William Kuschmitter		GANNEVILLE TA. 83530
Mgr Mem Mgr Mem Mgr Mem			<u>0</u>
Mgr Mem Mgr Mem Mgr Mem Mgr Mem			0 6 1
(5) Signature:	Comparishment	(6) Date:	9.11.2
(7) Type/Print Nam	CALLE TAISANT FL	(8) Title:	Nember :
Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.			

Sign and date this form and return to the address provided above.