



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to:

Idaho Secretary of State
Attn: Reinstatements
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

File #: 0005575001

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SOS Control Number: 359857

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 09/06/2012

Formation Locale: ID

Name and Mailing Address:

WOLVERINE TREE FARM LLC
KIM GETSINGER
PO BOX 465
IONA, ID 83427-0465

(1) Add or Change Mailing Address:

PO Box 5
Iona, ID 83427

Registered Agent (RA) and Registered Office (RO) Address:

KIM R GETSINGER
5449 LONGHURST
IONA, ID 83427

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature: _____

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. 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
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Marcella Getsinger	PO Box 5	Iona ID 83427
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature: _____

Kim R. Getsinger

(6) Date: _____

01/16/2024

(7) Type/Print Name: _____

Kim R. Getsinger

(8) Title: _____

Owner/operator

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.

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