



# Idaho Limited Liability Company Reinstatement Form

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For Office Use Only

Re: **-FILED-** I form to:

Id: State

File #: 0005034744 items

Date Filed: 12/19/2022 1:07:00 PM  
Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 488279

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 01/13/2016

Formation Locale: ID

## Name and Mailing Address:

(1) Add or Change Mailing Address:

75 CUSTOM WELDING AND REPAIR LLC  
1106 N BENEWAH ST  
NAMPA, ID 83651

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

(2) Change RA and/or RO Address:

NO AGENT  
AGENT RESIGNED OR INVALID  
BOISE, ID 83702 (ADA)

Jeffrey Leavitt  
1106 N. Benewah St  
Nampa Id. 83651

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 | Jeffrey Leavitt | 1106 N. Benewah St | Nampa Id 83651   |
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | Jacinda Leavitt | 1106 N. Benewah    | Nampa Id 83651   |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                 |                    |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                 |                    |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                 |                    |                  |
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| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                 |                    |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                 |                    |                  |

(5) Signature:

Jeffrey Leavitt

(6) Date:

12-19-2022

(7) Type/Print Name:

Jeffrey A. Leavitt

(8) Title:

owner

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.

B0763-0393 12/19/2022 1:07 PM Received by Office of the Idaho Secretary of State