



# Idaho Limited Liability Company Reinstatement Form

File online at: [sosbiz.idaho.gov](http://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-**

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Limited Liability Company (D)

Date Formed: 04/10/2013

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

DUNNE ARK, LLC  
PO BOX 1477  
SUN VALLEY, ID 83353-1477

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

(2) Change RA and/or RO Address:

CAROL HOLMAN  
235 SPUR LANE, UNIT 204 LARKSPUR CONDOMINIUMS  
KETCHUM, ID 83340

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 | Carol Holman | 235 Spur Lane         |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |              | Unit 204              |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |              | Larkspur Condominiums |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |              |                       | Ketchum, Idaho   |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |              |                       | 83340            |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |              |                       |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |              |                       |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |              |                       |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |              |                       |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |              |                       |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |              |                       |                  |

(5) Signature:

*Carol Holman*

(6) Date:

Sept 18, 2023

(7) Type/Print Name:

Carol Holman

(8) Title:

Manager

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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