



Idaho Limited Liability Company Reinstatement Form

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Return completed form to Idaho Secretary of State Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

| Reinstatement fee: \$30.00. | | | | Boise, ID 83720 Phone: (208) 334-2300 | |
|--|--|---|------------------------------------|--|--|
| • | | • | Status: Inactive-Dissolved | | 201 |
| Limited Liability Company (D) Date | | Date Formed: 12/27/20 | 112 Format | Formation Locale: ID | |
| Name and Mai | | | (1) Add or Change Mailing Address: | | |
| 3490 N LENA | · | | | | - |
| BOISE, ID 83713 | | | | | 56 |
| , | | | | | AM |
| Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA a DON LIDSTROM 3490 N LENA AVE BOISE, ID 83713 | | | | and/or RO Address: | |
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| | | | | | <u>o</u> |
| | Note: The Registe | red Office address must be a pl | nysical Idaho address (r | no postal box). | Λq |
| (3) New Regist | tered Agent (RA) Signatu | re: | (1) | agent must sign here to accept the appoi | - |
| (4) Limited Liabilit These will not be Manager/Member | ty Companies: Enter names a accepted. Changes here will Name | and addresses of Managers O not affect the entity mailing ac Business Addre | dress. If more space | put 'same as last year' or 'same a is needed, please add an attachr City, State, Zip | as above' men <mark>tΩ Π</mark> Ω |
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| (5) Signature: | AM Color | | (6) Date: 8/16/1 | 9 | aweren |
| (7) Type/Print Nam | e: DonAeDM. UD | SIRCUN | (8) Title: R | Agent Member M | 19/2 |
| · | | nclose a check made payable to | the Idaho Secretary of | / / | Φ Ω |
| Sign and date this | form and return to the address p | rovided above. | | | Denney |
| | | | | | ney |