



Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

Reinstatement fe	e: \$30.00.	450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300
SOS Control Number: 563632 Limited Liability Company (D)	Filing Status: Inactive-Dissolved Date Formed: 07/21/2017	Formation Locale: ID
Name and Mailing Address: NOVAK TIMBER SERVICE LLC 131 N VENICE ST NAMPA, ID 83687-6936		or Change Mailing Address: 28 W Peregrine dr. 2mpa, Id 83651
(3) New Registered Agent (RA) Signatu	red Office address must be a physical Idahore: If a new agent is appointed in item (2) abo	ange RA and/or RO Address: LIVIE NOUNK 28 W. Peregninedr. 2Mpa, Id 83651 Do address (no postal box). Do NOT put 'same as last year' or 'same as above'
These will not be accepted. Changes here will Manager/Member Name	not affect the entity mailing address. If m	ore space is needed, please add an attachment. City, State, Zip
Mgr Mem	k 1228 W, Pero	egrined Nampu, Id 83661
(5) Signature: Daniel Norck	(6) Date	5/20/20
(7) Type/Print Name: Daniel Instructions: Legibly complete the form above. En	(8) Title	our replicies prings

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.