



# Idaho Limited Liability Company Reinstatement Form

File online at: [sosbiz.idaho.gov](https://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 #: 0005831775

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SOS Control Number: 380774

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 04/11/2013

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

MOUNTAIN STATES POLYGRAPH LLC

LORI MULVIHILL-ADIKES

19250 N SHEPHERDS PIE PL

EAGLE, ID 83714-1641

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

(2) Change RA and/or RO Address:

Lori L Mulvihill-Adikes

19250 N SHEPHERDS PIE PLACE

BOISE, ID 83714

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

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

*Lori L Mulvihill-Adikes*

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	Lori Mulvihill-Adikes	19250 N Shepherds Pie Pl	Boise, ID 83714
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature:

*Lori L Mulvihill-Adikes*

(6) Date:

7/12/24

(7) Type/Print Name:

Lori L. Mulvihill-Adikes

(8) Title:

owner/Polygraph Examiner

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.

B0914-5030 07/22/2024 1:20 PM Received by Office of the Idaho Secretary of State