



Idaho Limited Liability Company Reinstatement Form

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	File online at: sosbiz.idaho Return completed form to: Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	ility Company Reinstatement .gov Reinstatement fee: \$30.00.	Form For Office Use Only -FILED- File #: 0005453656 Date Filed: 10/27/2023 12:13:00 PM
SOS Control	Number: 622750	Filing Status: Inactive-Dissolved (Admir	nistrative)
Limited Liabilit	y Company (D)	Date Formed: 08/15/2018 For	mation Locale: ID
		(i) Add of Orland	nge Mailing Address:
JAVIER RIOS 107 17TH AVE NAMPA, ID 83	E N 3687 (CANYON COUNTY)	ed Office address must be a physical Idaho addres	and/or RO Address: O O O O O O O O O O O O O
(4) Limited Liabil These will not be	lity Companies: Enter names ar e accepted. Changes here will n		OT put 'same as last year' or 'same as above'.
Manager/Member	Name	Business Address	City, State, Zip
Mgr Mem	Jouer Riol	107 17th A.e V	Nampa 10 83687
(5) Signature:	Januer Rios	(6) Date: _U	-27-23 K
(5) Signature:)			

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.