



Idaho Limited Liability Company Reinstatement Form

Sign and date this form and return to the address provided above.

	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	oility Company Reinstateme o.gov Reinstatement fee: \$30.00.	For Office Use Only -FILED- File #: 0005828565 Date Filed: 7/15/2024 1:30:00 PM
SOS Control	Number: 49775	Filing Status: Inactive-Dissolved (Ad	ministrative)
Limited Liabili	ity Company (D)	Date Formed: 04/21/2000	Formation Locale: ID
7067 CAVEN LENORE, ID Registered A MALCOLM O	83541-5031 Agent (RA) and Registered (Office (RO) Address: (2) Change	RA and/or RO Address:
7067 CAVEN	DISH HWY		
LENORE, ID	83541		
4) Limited Liab	istered Agent (RA) Signatur	If a new agent is appointed in item (2) above, the and addresses of Managers OR Members. Do	the new agent must sign here to accept the appointment o NOT put 'same as last year' or 'same as abo
4) Limited Liab	istered Agent (RA) Signatur bility Companies: Enter names a be accepted. Changes here will	re: If a new agent is appointed in item (2) above, the and addresses of Managers OR Members. Do not affect the entity mailing address. If more	the new agent must sign here to accept the appointment o NOT put 'same as last year' or 'same as about space is needed, please add an attachment.
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