



Idaho Limited Liability Company Reinstatement Form

File online at: 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 #: 0006042085

Date Filed: 12/26/2024 10:32:00 AM

SOS Control Number: 448661

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 02/05/2015

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

TRACI'S BEST L.L.C.
10097 KINGDOM LN
NAMPA, ID 83686-9126

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

(2) Change RA and/or RO Address:

TRACI BROCK
2918 E OHIO AVE
NAMPA, ID 83686

10097 Kingdom Ln
Nampa, Id 83686

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

(3) New Registered Agent (RA) Signature:

Traci Brock

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 | Traci Brock | 10097 Kingdom Ln | Nampa, Id 83686 |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |

(5) Signature:

Traci Brock

(6) Date:

12/22/24

(7) Type/Print Name:

Traci Brock

(8) Title:

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.

B0959-5211 12/26/2024 10:32 AM Received by Office of the Idaho Secretary of State