



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 Bolse, ID 83720

	Rein	statement (450 North 4th Street Bolse, ID 83720 Phone: (208) 334-2300			
SOS Control N	Number: 6726	66	Filing Statu	s: Inactive-Di	ssolved		
Limited Liability	(Company (D))	Date Forme	nd: 01/18/2002	Formation	Locale: ID	
Name and Mai ROUND MOUN 3475 ROUND I MALTA, ID 83	NTAIN RANCH MOUNTAIN LI	I, LLC			(1) Add or Change Maili	ng Address:	
Registered Ag JEFF SESSIOI 3475 ROUND I MALTA, ID 83	NS MOUNTAIN LI		Office (RO) Add	iress:	(2) Change RA and/or R	IO Address:	*
These will not be	tered Agent (F by Companies: I accepted, Char	RA) Signatu	# a new age and addresses of I not affect the enti	nt is appointed in ite Managers OR N Iy mailing addre	lembers. Do NOT put ' ss. If more space is ne	must sign here to accept the same as last year' or 's leded, please add an al	ame as above'.
Manager/Member	Name			ness Address		City, State, Zip	
Mgr Mem	Jeff	18	2 noise	3476 5	(6) Date: 7-/9	Malta Ed	83342
7) Type/Print Name	teff	LS	essions		(8) Title: Owne	-/ Mar	

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.