



## Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

## Return completed form to:

Idaho Secretary of State
Attn: Reinstatements
450 North 4th Street
Boise, ID 83720

Reinstatement fee: \$30.00.					Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 46644 Filing			Status: Inactive-Dissolved (Administrative)			
Limited Liability Company (D) Date		Formed: 01/03/2000	) Formation	n Locale: ID	2	
Name and Ma	iling Address:	-		(1) Add or Change Mailing Address:		
	-	LIABILITY COMP	ANY			
DAVID R HAR						·.
	HIGHWAY 191					14
WALAD CITT,	ID 83252-6575					<u></u>
Registered Ac	ent (RA) and Re	gistered Office (R	O) Address:	(2) Change RA and/or	RO Address:	
DAVID R HAR		<b>3</b>	,			ኢ መ
10101 S OLD HWY 191						Q D
MALAD, ID 83	3252					Ĭ
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	Note:	The Registered Office	address must be a phys	ical Idaho address (no	postal box).	Д
(3) New Regis	tered Agent (RA	Signature:	Janil R	~ Hung		Λq
(o) itoli itogio	torou Agont (rus		new agent is appointed in it	em (2) above, the new age	nt must sign here to accept the appointm	nent.
					t 'same as last year' or 'same as	
		es here will not affect			needed, please add an attachme	ent. ሪ/ መ
Manager/Member	Name	2 //	Business Addres	<b>S</b>	City, State, Zip	و
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(5) Signature:	Druel	D. Ha	uQ	(6) Date: 4-7	2-20	awe
(7) Type/Print Nam		P. Jilar	Nu'C	(6) Date: 4-22-20 (8) Title: Manager		
(7) Type/Print Nam	LIA VIA	KL KIKH	7.65	(8) Title:	yer	
			neck made payable to th	e Idaho Secretary of Sta	ate for \$30.00.	<b>0</b>
Sign and date this	s form and return to th	e address provided abo	ve.			<b>–</b>