



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Reinstatement fee: \$30.00.

For Office Use Only
Return completed form to:
Idar -FILED-tate

Attn: Reinstatements
File #: 0005139626
450 ΝΟΤΙΠ 4τη Street
Date Filed: 2/28/2023 3:58:00 PM

____, _____

Phone: (208) 334-2300

SOS Control Number: 417291 Limited Liability Company (D) Name and Mailing Address: AGE WELL AT HOME LLC. 967 E PARKCENTER BLVD STE 341 BOISE, ID 83706		Filing Status: Inactive-Dissolved (Administrative)			2
		Date Formed: 04/14/2014	Formation I	ocale: ID	Ž
		(1) Add or Change Mailing Address:			い: 00 円置
NO AGENT	. ,	Debotah EVANS 2947 E. Gloucester St. Boise, ID 83706			X
(3) New Regist	Note: The Registered tered Agent (RA) Signature:	Office address must be a physical Idah If a new agent is appointed in item (2) ab		·	tment.
(4) Limited Liabilit These will not be	ty Companies: Enter names and accepted. Changes here will not	addresses of Managers OR Member affect the entity mailing address. If n	rs. Do NOT put 's more space is ne	ame as last year' or 'same as eded, please add an attachm	s above'. F ent. (7
Manager/Member	Name	Business Address		City, State, Zip	
Mgr	Deborah D. Evans	967 E. Parkcenter I	Blvd Ste341	Boise, 10 83706	1 da
(5) Signature:	Deborah Gua	(6) Date		/23	ر الق الق
		EVANS (8) Title see a check made payable to the Idaho seed above.	() VACICI	for \$30.00.	— С Н