



## **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
Roise ID 83720

Reinstatement fee: \$30.00.				Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 474205 Limited Liability Company (D)		Filing Status: Inactive-		on Locale: ID	N
Name and Mai ROB & KAREN 1239 E 900 S EDEN, ID 8332	ROGERSON, LLC		(1) Add or Change M	ailing Address:	0.10 EM
Registered Ag ROBERT D RC 1239 E 900 S <del>6</del> EDEN, ID 8332	9/49/2045	Office (RO) Address:	(2) Change RA and/o	r RO Address:	
(4) Limited Liabilit These will not be	tered Agent (RA) Signatory ty Companies: Enter names accepted. Changes here wi	If a new agent is appointed in and addresses of Managers Oll In not affect the entity mailing ad	n item (2) above, the new ag R Members. Do NOT p dress. If more space is	ent must sign here to accept the appointm ut 'same as last year' or 'same as needed, please add an attachmen	above'
Manager/Member	Name	Business Addre		City, State, Zip	
☐ Mgr   Mem	ROB KOGERSO		<u> </u>	EGEN, IV 8333	<u>.                                    </u>
Mgr Mem (5) Signature:	Zalen Roce	201 /239E 9	(6) Date: (6)	Eden, 74 8332	
(7) Type/Print Name: ROB ROGERSON (8) Title: PRESIDENT					

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.