



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
Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 521825

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 09/22/2016

Formation Locale: ID

Name and Mailing Address:

EXODUS RV REPAIR AND REFURBISHING L.L.C
PO BOX 9564
BOISE, ID 83707-4564

(1) Add or Change Mailing Address:

4509 E. HOMEDALE RD
CALDWELL, ID
83607

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

PETE JAVORSKY
315 S. HILTON
BOISE, ID 83705

(2) Change RA and/or RO Address:

PETE JAVORSKY
4509 E. HOMEDALE RD
CALDWELL, ID
83607

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

(3) New Registered Agent (RA) Signature:

Pete Javorsky

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 checked="" type="checkbox"/> Mem	PETE JAVORSKY	4509 E HOMEDALE RD	CALDWELL ID 83607
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature: *Pete Javorsky*

(6) Date: 12-18-20

(7) Type/Print Name: PETE JAVORSKY

(8) Title: OWNER / MGR

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.

B0551-6533 12/21/2020 12:38 PM Received by ID Secretary of State Lawrence Denney