



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.				450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 91224		Filing Status: Inactive-Dissolved (Administrative)			20
Limited Liability Company (D)		Date Formed: 09/17/2003	Formation	Locale: ID	<u>_</u>
Name and Mai UDY RANCH, I PO BOX 87 LEADORE, ID	L.L.C.		(1) Add or Change Mailin	ng Address:	9:51 AM
Registered Ag DAVID L UDY 242 BIG 8 MILI LEADORE, ID	83464	ce (RO) Address: Office address must be a phys		D Udy 8 mile Rd . Id 883464	Received by
(3) New Regie	tered Agent (RA) Signature:	ment D.	\\ \\	ostal box).	بر
(4) Limited Liabili These will not be Manager/Member	ty Companies: Enter names and accepted. Changes here will not	addresses of Managers OR Manag	ess. If more space is ne	same as last year' or 'same as a eded, please add an attachmen	bove' M
Mgr Mem	Merritt D. Way	PO BOY	87	LEAdor Id 8	246
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(5) Signature:	mint D. v	rdy	(6) Date: 7/20	12021	
(7) Type/Print Nam	e: MEXIIII W W	7	(8) Title: 7/20	2021 Mgr.	<u>U</u>
Instructions: Led	gibly complete the form above. Enclose	se a check made navable to the	e Idaho Secretary of State	e for \$30.00.	_

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.

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