



# Idaho Limited Liability Company Reinstatement Form

File online at: [sosbiz.idaho.gov](https://sosbiz.idaho.gov) Reinstatement fee: \$30.00.

Return completed form to:

Idaho Secretary of State  
Attn: Reinstatements  
450 North 4th Street  
Boise, ID 83720  
Phone: (208) 334-2300

For Office Use Only

**-FILED-**

File #: 0006033408

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Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 08/04/2006

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

ARTIFEX, LLC  
19618 PORTSMOUTH WAY  
CALDWELL, ID 83605-5396

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

(2) Change RA and/or RO Address:

CARLOS E LARIOS  
19618 PORTSMOUTH WAY  
CALDWELL, ID 83605

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

(3) New Registered Agent (RA) Signature: \_\_\_\_\_

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Carlos E. Larios	19618 Portsmouth way	Caldwell ID 83605
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Ana M. Sandoval	19618 Portsmouth way	Caldwell ID 83605
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: \_\_\_\_\_

*Carlos E. Larios*

(6) Date: \_\_\_\_\_

12/16/2024

(7) Type/Print Name: \_\_\_\_\_

(8) Title: \_\_\_\_\_

Member

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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