



Idaho Limited Liability Company Reinstatement Form

File online at: 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

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File #: 0005744301

Date Filed: 5/13/2024 1:30:00 PM

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SOS Control I	Number: 233736	Filing Status: Ina	active-Dissolved (/	Administrative)	024
Limited Liability Company (D)		Date Formed: 05	/20/2008	Formation Locale: ID	
ANDERSON IN 9299 GALLOW	iling Address: NVESTMENT ENTERPRIS VAY RD ID 83644-5078	SES, LLC	(1) Add o	or Change Mailing Address:	1:30 PM R
		Office (RO) Address	: (2) Chan	ge RA and/or RO Address:	Received by
(4) Limited Liabil	itered Agent (RA) Signatu	If a new agent is apparent and addresses of Management	pointed in item (2) above	address (no postal box). e. the new agent must sign here to accept Do NOT put 'same as last year' or re space is needed, please add an	'same as a m ove'. attachment.
Manager/Member	Name	Business	Address	City, State, Zip	
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