



Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

[7]

1000

N

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

Reinstatement fee: \$30.00.		Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	
Limited Liability Company (D)	Date Formed: 03/02/2005	Formation Locale: ID	
Name and Mailing Address: DRAGT DEVELOPMENT, L.L.C. PO BOX 246 TWIN FALLS, ID 83303	(1) Ad	dd or Change Mailing Address:	
Registered Agent (RA) and Registered Agent (RA) and Register GERRIT DRAGT 3850 N 2150 E FILER, ID 83328 Note: The R (3) New Registered Agent (RA) Signature (RA) Signature (RA)	egistered Office address must be a physical Idal	nange RA and/or RO Address: ho address (no postal box).	
These will not be accepted. Changes he	ames and addresses of Managers OR Member re will not affect the entity mailing address. If r	nove, the new agent must sign here to accept the appointment. rs. Do NOT put 'same as last year' or 'same as above'. more space is needed, please add an attachment.	
Manager/Member Name	Business Address	City, State, Zip	
Mgr Mem Mgr Mem	+ 3850 N 2150 E	Filer, 1D 83328	
(5) Signature:	(6) Da		
	OGT: (8) Tit ove. Enclose a check made payable to the Idaho	The state of the s	

Sign and date this form and return to the address provided above.