



# Idaho Limited Liability Company Reinstatement Form

File online at: [sosbiz.idaho.gov](http://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 #: 0006141861

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Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 08/28/2008

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

RANCHO IDAHO LLC  
5749 MORNING DOVE DR  
NAMPA, ID 83686-9574

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

(2) Change RA and/or RO Address:

DANIEL JOLLEY  
5749 MORNING DOVE DR  
NAMPA, ID 83686

*NANNETTE Jolley  
5749 MORNING DOVE DR,  
NAMPA ID 83686*

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

**(3) New Registered Agent (RA) Signature:**

*[Signature: Daniel Jolley]* *[Signature: Nannette Jolley]*

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 type="checkbox"/> Mem	<del>DANIEL Jolley</del>	<del>5749 Morning Dove Dr.</del>	<del>Nampa Idaho 83686</del>
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	NANNETTE Jolley	5749 MORNING DOVE DR.	NAMPA ID 83686
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*[Signature: Daniel Jolley]* *[Signature: Nannette Jolley]*

(6) Date: ~~1-15-24~~ 2-17-25

(7) Type/Print Name:

~~DANIEL Jolley~~ NANNETTE Jolley

(8) Title: Manager

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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