



## **Idaho Limited Liability Company Reinstatement Form**

## Return completed form to:

Z	Idaho Limited Liab	oility Company Reio	nstatement F	Return completed form to Idaho Secretary of State Attn: Reinstatements 450 North 4th Street	B0373-5610 11/ ö
	Reinstatement fe	e: \$30.00.		Boise, ID 83720 Phone: (208) 334-2300	
	Number: 599551 y Company (D)	Filing Status: Inactive-I		ation Locale: ID	05/2019
			(1) Add or Change	Mailing Address:	2:39 PM R
Registered Ag FRANCISCO ( 39 S SHUMW/ NAMPA, ID 83	AY RD 3651			(2) Change RA and/or RO Address:	
	stered Agent (RA) Signatu	lf a new agent is appointed ॥	n item (2) above, the new	agent must sign here to accept the appointm	
(4) Limited Liability Companies: Enter names and addresses of Managers These will not be accepted. Changes here will not affect the entity mailing a Manager/Member Name Business Add			dress. If more space	is needed, please add an attachmei	nt. Q
Manager/Member  Mgr Mem	Thenasiu Chavez	Business Addre	ary Ave	City, State, Zip  Dange Vol. 83651	etary of State L
Mgr Mem  (5) Signature:	The Formation Clock on		(6) Date: ///	5/19	Lawerenc
		ncinee a check made navable to		(X.)	<del></del>

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