



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

Reinstatement fee: \$30.00.				Boise, ID 83720 Phone: (208) 334-2300	•
SOS Control Number: 3877153 Filing		Status: Inactive-Dissolved (Administrative)			
Limited Liability Company (D) Date		te Formed: 05/14/2020	Formation L	.ocale: ID	21
Name and Mail Silver Rock Cor PO BOX 466 WENDELL, ID	nstruction, LLC		(1) Add or Change Mailing Address:		
Registered Ago OSCAR GONZA 402 7TH AVE E WENDELL, ID	AST	(RO) Address:	(2) Change RA and/or RC) Address:	Received
	ered Agent (RA) Signature:	te address must be a physical	n (2) above, the new agent i	nust sign here to accept the ap	7/2
(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attach					hmen 🖸
Manager/Member Mgr Mem	Name	Business Address		City, State, Zip	0
Mgr Mem	OSCAR GONZALZ (* LISTING GONZALZ	402 7th Ave	tast for Earl	Wend M. Id	State Lawe
(5) Signature: (3) (6) Date: 1/-15-71					
(7) Type/Print Name: OSCAL GONZALET (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.