



Idaho Limited Liability Company Reinstatement Form

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For Office Use Only

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File #: 0005110109 of State

Atta: Painstatamenta Date Filed: 2/10/2023 9:13:00 AM 450 North 4th Street

Reinstatement fee: \$30.00.				Boise, ID 83720 Phone: (208) 334-2300		
<u> </u>	N 200000	F111 O. 1				
SOS Control Number: 322609 Limited Liability Company (D)		Filing Status: Inactive-Dissolved (Administrative)				
		Date Formed: 06/24/20	11 	1 Formation Locale: ID		
	iling Address:	(1) Add or Change Mailing Address:				
	ID & GRAVEL LLC					
2309 VALLEY						
MIDVALE, ID	83645-5121					
Registered Ac	gent (RA) and Registered (Office (RO) Address:	(2) Char	ige RA and/or	RO Address:	
SHANNON L V		omoo (No) Address.	(=) =::=:	.90 10 10.10.0	, (o / ldd, ood,	
2309 VALLEY						
MIDVALE, ID	83645					
	Note: The Register	red Office address must be a ph	veical Idaho	addroee (no r	nostal hov)	
	-	•	ysicai idano	addiess (110 f	ostai boxj.	
(3) New Regis	tered Agent (RA) Signatur	'e:	· '(···· (D) · (···	- <i>(</i>)	nt must sign here to accept the appoin	1
(4) Limited Liabili These will not be	ity Companies: Enter names a accepted. Changes here will i	nd addresses of Managers OF not affect the entity mailing add	R Members. dress. If mo	Do NOT put re space is r	'same as last year' or 'same as leeded, please add an attachme	abo ent.
Manager/Member	Name	Business Addre		·	City, State, Zip	
✓Mgr Mem	Shannon Williams	2309 Valley I	Rd. (Mail	ing)	Midvale, ID 83645	
MgrMem			2155 Bonner Rd. (Physical)			
Mgr Mem						
MgrMem			.,,			
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MgrMem MgrMem						,
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MgrMem			1900			
(5) Signature: Shannon Williams			(6) Date:	2/8/23		
(0)g			<u> </u>		/ 4	
(7) Type/Print Nam	^{ne:} Shannon Williams		(8) Title:	Owner /	Mar.	
Instructions: I -	aibly complete the form shove. Er	releas a check made payable to	the Idaha Sa	cretary of Sta	ato for \$30 00	

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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