



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only,
Return completed form to:

Idaho **-FILED-** State

Attr.: Reinstatements

File #: 0004958392 Street

Date Filed: 10/20/2022 9:07:00 AM

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 613595

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 06/12/2018

Formation Locale: ID

Name and Mailing Address:

SCAFFOLD SYSTEMS LLC

1508 E MAIN ST TRLR 42

EMMETT, ID 83617-3258

(1) Add or Change Mailing Address:

1508 E. MAIN ST TRLR #2
EMMETT ID 83617

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

JOEL BERRELLEZA

1508 E MAIN ST 42

EMMETT, ID 83617-3258

(2) Change RA and/or RO Address:

1508 E. MAIN ST TRLR #2
EMMETT ID 83617

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

(3) New Registered Agent (RA) Signature:

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	JOEL BERRELLEZA	1508 E. MAIN ST TRLR #26	EMMETT ID 83617
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: JOEL BERRELLEZA

(6) Date: 10-20-2022

(7) Type/Print Name: JOEL BERRELLEZA

(8) Title: SCAFFOLD SYSTEMS LLC

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.

Member

B0732-6054 10/20/2022 9:07 AM Received by Office of the Idaho Secretary of State