



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 N	Number: 432343	Filing	Status: Inactive-Dissolve	ed (Administrativ	e)	ſ
Limited Liability Company (D)		_	,		Locale: ID	9
Name and Mai INTEGRITY TF 715 FORSYTH NAMPA, ID 83	REE SERVICE LLC		(1)	Add or Change Maili	ng Address:	
STEVEN ERIC 715 FORSYTH NAMPA, ID 83	IIA DR 8651	egistered Office a	ddress must be a physical Id			
These will not be	ity Companies: Enter na accepted. Changes he	ames and addres re will not affect t	he entity mailing address. I	ers. Do NOT put 's f more space is ne	same as last year' or 'same as a eded, please add an attachmer	above'. nt.
Manager/Member		<u> </u>	Business Address		City, State, Zip	
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(7) Type/Print Nam	ne: Steven	ERILKS	(8) T	itle: owner	operater	
	gibly complete the form abo	ove. Enclose a che	eck made payable to the Idah			