



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to:

Idaho Secretary of State
Attn: Reinstatements
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

File #: 0005491141

Date Filed: 11/20/2023 11:11:00 AM

SOS Control Number: 61492

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 07/03/2001

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

ROBERSON EXCAVATION LLC
5800 WHISPERING HILLS DR
MARSING, ID 83639-8266

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

(2) Change RA and/or RO Address:

ED ROBERSON
5800 WHISPERING HILLS DR
MARSING, ID 83639

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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Ed Roberson	5800 Whispering Hills Dr.	Marsing, Id 83639
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(5) Signature: _____

(6) Date: 11-15-23

(7) Type/Print Name: Ed Roberson

(8) Title: Registered Agent / owner

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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