



Idaho Limited Liability Company Reinstatement Form

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For Office Use Only

Re **-FILED-** form to:

Id: State

File #: 0005244423 statements

Date Filed: 5/10/2023 9:01:00 AM

Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 149575

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 12/28/2005

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

C CROSS V ENTERPRISES LLC

PO BOX 5324

TWIN FALLS, ID 83303-5324

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

(2) Change RA and/or RO Address:

CURTIS W BLANKENSHIP

164 W 580 S

JEROME, ID 83338

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	Curtis W Blankenship	164 W 580 S P.O. Box 5324 Twin Falls ID	Jerome ID 83338
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Vickie Blankenship	P.O. Box 5324 164 W 580 S	Twin Falls Id 83303
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			Jerome Id 83338
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

(6) Date:

5-7-2023

(7) Type/Print Name:

Curtis W Blankenship

(8) Title:

Mgr

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.

B0787-7190 05/10/2023 9:01 AM Received by Office of State Secretary