

B0732-1912 09/09/2022 9:16 AM Received by Office of the Idaho Secretary of State



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only

-FILED-

Return completed form to:
File #: 0004891653, of State

Date Filed: 9/9/2022 9:16:00 AM
450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 3805485

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 03/06/2020

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

WILLOW GRACE WELLNESS, LLC
CAROLINE DELOS REYES
3800 W LEMHI ST
BOISE, ID 83705-3955

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

(2) Change RA and/or RO Address:

CAROLINE DELOS REYES
3800 W LEMHI ST
BOISE, ID 83705

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

(3) New Registered Agent (RA) Signature:

Caroline Delos Reyes

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	<i>Caroline Delos Reyes</i>	<i>3800 W. Lemhi St.</i>	<i>Boise ID 83705</i>
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	<i>N/A</i>		
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Caroline Delos Reyes

(6) Date:

8/2/22

(7) Type/Print Name:

CAROLINE DELOS REYES

(8) Title:

OWNER / R.A.

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.