



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only

Re **-FILED-** d form to:

Id: State

File #: 0005239425 atements

Date Filed: 5/5/2023 10:54:00 AM

Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 400771

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 11/12/2013

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

SAND DRIFTERS LLC

1721 E 500 N

SAINT ANTHONY, ID 83445-5208

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

(2) Change RA and/or RO Address:

DIANE P LARSON

1721 E 500 N

ST ANTHONY, ID 83445

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	DIANE P. LARSON	1721 E 500 N	SAINT ANTHONY ID 83445
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	BRYAN LARSON	1721 E 500 N	SAINT ANTHONY ID 83445
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Diane P. Larson

(6) Date:

5-1-2023

(7) Type/Print Name:

DIANE P. LARSON

(8) Title:

~~President~~ MANAGER

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.

B0787-6567 05/05/2023 10:54 AM Received by Office of the Idaho Secretary of State