



Idaho Limited Liability Company Reinstatement Form For Office Use Only

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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:	3720 3) 334-2300		Reinstatement fee: \$30.00.					
Name and Mailing Address: SAND DRIFTERS LLC 1721 E 500 N SAINT ANTHONY, ID 83445-5208 Registered Agent (RA) and Registered Office (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 a life and address of Managers OR Members. Do NOT put 'same as last yet These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please and manager/Member Magr Mem		strative)	active-Dissolved (A	Status: Inacti	Filing	lumber: 400771	Control N	sos c
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 a 4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last yet freese will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please ac Manager/Member Mar		ation Locale: ID	1/12/2013	Formed: 11/12	Date F	Company (D)	d Liability	Limited
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Salivation Signature: If a new agent is appointed in item (2) above, the new agent must sign here to a suppose of Managers OR Members. Do NOT put 'same as last year hese will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please and manager/Member Name Business Address City, State, Zong Manager/Member Name Business Address City, State, Zong Manager/Member Name Salivation Salivation Salivation Manager/Member Name Na		nd/or RO Address:	s: (2) Change	O) Address:	stered Office (RC	ON	E P LARS E 500 N	DIANE 1721 E
Manager/Member Name Manager/Member Name Mgr Mem	ear' or 'same as abov	w agent must sign here to acce	ppointed in item (2) above.	new agent is appoin	ignature:	tered Agent (RA) S	ted Liabilit	4) Limit
Mgr								
Mgr Mem BRYAN LARSON 1721 E 500 N SAINT Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem	ANHONY ID			1721E	LARSON	DIANEP.		Mgr
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5) Signature: (6) Date: 5-1-2023		-1-2023	(6) Date:		Rarson	Danes	ature:	ō) Signa
7) Type/Print Name: P. LARSON (8) Title: PARSON	MANA	HOLAND MARKET	(8) Title:	N	P. LARSO	e: Man	Print Name	7) Type

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.