



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Sign and date this form and return to the address provided above.

For Office Use Only

Return completed form to:
Idat -FILED-tate

Atta: Daisstatements #: 0004798318 ements 450 North 4th Street Date Filed: 6/27/2022 1:56:00 PM

Reinstatement fee: \$30.00.					Phone: (208) 334-2300	
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		-	ng Status: Inactive-Dissolved (Administrative)			
Limited Liability Company (D) Date Formed: 12			17 Formation Locale: ID			
Name and Mai DOUBLE S LA PO BOX 881 ASHTON, ID 8	ND & LIVESTOCK, LLC		(1) Add o	r Change M	ailing Address:	
Registered Agent (RA) and Registered Office (RO) Address: MICHAEL G STEINMAN			(2) Change RA and/or RO Address: Michael G Steinmann			
911 IDAHO ST ASHTON, ID 8			911 Idaho St Ashton, ID 83420			
These will not be	accepted. Changes here will not at	ddresses of Managers OR M ffect the entity mailing addre	lembers. ess. If mor	Do NOT pu	ent must sign here to accept the sopport. ut 'same as last year' or 'same as ab needed, please add an attachment.	
Manager/Member	Name	Business Address	5		City, State, Zip	
✓ Mgr	Michael G Steinmann	PO Box 881			Ashton, ID 83420	
Mgr ☑Mem	Kim L Steinmann	PO Box 881			Ashton, ID 83420	
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(5) Signature:	Jakol Sterium		(6) Date:	June 2	22, 2022	
(7) Type/Print Name: Michael G Steinmann				(8) Title: Manager		
Instructions: Led	gibly complete the form above. Enclose	a check made payable to the	e Idaho Sed	retary of St	tate for \$30.00.	