



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only
Return completed form to:

Ida **-FILED-** State

Attn: Reinstatements

File #: 0004923133

450 North 4th Street

Date Filed: 9/22/2022 11:02:00 AM

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 3460321

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 03/22/2019

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

Tremayne LLC
2694 W NEFF ST
BOISE, ID 83702-0343

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

(2) Change RA and/or RO Address:

Cori Tremayne
2694 W NEFF STREET
BOISE, ID 83702

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	CORI TREMAYNE	2694 W NEFF ST.	BOISE, ID 83702
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Cori Tremayne

(6) Date:

9/22/22

(7) Type/Print Name:

CORI TREMAYNE

(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.

B0736-2701 09/22/2022 11:02 AM Received by Office of the Idaho Secretary of State