



Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

Reinstatement fee: \$30.00.			Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 270278 Filin		Filing Status: Inactive-Dissolve	d	2
Limited Liability Company (D) Date		Date Formed: 09/10/2009	Formation Locale: ID	22
		(1) Ac	dd or Change Mailing Address:	12:30
Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA MARK B BENGTSON 1590 E POLSTON AVE POST FALLS, ID 83854			hange RA and/or RO Address:	PM Receive
(4) Limited Liabili	tered Agent (RA) Signature	If a new agent is appointed in item (2) and addresses of Managers OR Membe	ho address (no postal box). bove, the new agent must sign here to accept the apports. Do NOT put 'same as last year' or 'same more space is needed, please add an attach	ontmentH as above'.
Manager/Member	Name	Business Address	City, State, Zip	ß
Mgr	MARK BENGTS	SON 1590 E POISTON	AVE. POST FALS, ID	かる。 # # ア の f

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.