



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

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

Reinstatement fee: \$30.00.				Phone: (208) 334-2300	
SOS Control Number: 491502 Filing		Filing Status: Inactive-Dis	Status: Inactive-Dissolved (Administrative)		
Limited Liability Company (D) Date		Date Formed: 02/05/2016	Formati	ion Locale: ID	6 1
Name and Mai L&M TRANSPO APT 9 # 9 1224 10TH AV	ORTILC		(1) Add or Change N	Mailing Address:	
NAMPA, ID 83					;
LEONIDES GA 1224 10 AVE S NAMPA, ID 83	S APT 9 3651	ed Office address must be a phys	(2) Change RA and/		
These will not be	accepted. Changes here will r	nd addresses of Managers OR Months and addresses of Managers OR Months addresses of Months addresses o	Members. Do NOT pess. If more space in	gent must sign here to accept the appointmust same as last year' or 'same as a needed, please add an attachmen	above',
Manager/Member Mgr Mem	Name	Business Addres		City, State, Zip	
Mgr Mem	Min Contract of the start		200 S 9 G-11 S 3	Nampa ID 830	(
(5) Signature:			(6) Date: 1 57	10 2021 Exect packeder	7
(7) Type/Print Nam	e. Leon des A M	Lamboa	(8) Title: Fre	Edet Mareser	7
	gibly complete the form above. En	close a check made payable to the		_	ţ