



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

Reinstatement fee: \$30.00.					Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 308593 Filing			g Status: Inactive-Dissolved) 2
Limited Liability Company (D) Date		Formed: 01/20/2011 Format		ition Locale: ID	119	
Name and Ma BE JO, LLC 1707 HWY 46 GOODING, ID	iling Address: 83330			(1) Add or Change	Mailing Address:	9:28 AM
Registered Ag BEVERLY J JO 1707 HWY 46 GOODING, ID		ered Office (R	O) Address:	(2) Change RA and	d/or RO Address:	Received
(4) Limited Liabili These will not be	tered Agent (RA) Sign ty Companies: Enter na accepted. Changes her	nature: // // // // // // // // // // // // //	ses of Managers OR M the entity mailing addre	m (2) above, the new embers. Do NOT ss. If more space	agent must sign here to accept the appoint put 'same as last year' or 'same a is needed, please add an attachn	as a to ove nen t i
Manager/Member	Name		Business Address		City, State, Zip	
Mgr Mem	Beverly J. J	Pha NHSEN	11/07 StHwy	46	CSECOLING ID 80	ary of State La
(5) Signature:	Jeverly J	_/	lusen_	(6) Date:	u 4, 2019	aweren
(7) Type/Print Nam	e: Beverly.	J, Joha	nusen	(8) Title: / ///	nager	<u> </u>

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.