



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: 568216 Filir			tus: Inactive-D	issolved			22
Limited Liability Company (D) Date			Formed: 08/23/2017 Formation			n Locale: ID	
	TAIN SERVICE AND REF WESTSIDE HWY	PAIR, LLC		(1) Add o	r Change Mailin	g Address:	4:22 PM
Registered Agent (RA) and Registered Office (ROBLAKE S ATKIN 7579 NORTH WESTSIDE HWY CLIFTON, ID 83228			ddress:	(2) Chang	ge RA and/or RC) Address:	Received
(4) Limited Liabili	tered Agent (RA) Signa	if a new a	agent is appointed in of Managers OR	item (2) above	o, the new agent r	stal box). nust sign here to accept the appoin ame as last year' or 'same acceded, please add an attachm	s abov
Manager/Member	Name	Bu	siness Addres	SS		City, State, Zip	
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(5) Signature	Son Murdl			(6) Date:	4-23-1	7	
(7) Type/Print Nam	ne: Jason Mun	206/		(8) Title:	Marage	\checkmark	awerence
	gibly complete the form above.		nade payable to t	ne Idaho Sed	cretary of State	for \$30.00.	De