



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

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

Phone: (208) 334-2300

For Office Use Only

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SOS Control Number: 4222179		Filing Status: Inactive-D	Filing Status: Inactive-Dissolved (Administrative)		
Limited Liability Company (D)		Date Formed: 03/30/202	.1 Formatio	on Locale: ID	_
Name and Mailing Address:			(1) Add or Change Ma	niling Address:	-
Chalet Family Campground, LLC MONICA MILLER					2
PO BOX 100					AM
DOMALLET	, 10 00010-0100				7. •
Registered	Agent (RA) and Registered	d Office (RO) Address:	(2) Change RA and/or	RO Address:	ŭ
Monica Mille					eive
418 S. MAIN					< 0
DONNELLY	, ID 83615				Ď
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	Note: The Regist	tered Office address must be a phy	sical Idaho address (no	postal box).	0
(3) New Reg	jistered Agent (RA) Signat	ure:	7 (0)	ent must sign here to accept the appoint	
These will not	be accepted. Changes here wi	and addresses of Managers OR ill not affect the entity mailing add Business Addre	ress. If more space is	needed, please add an attachme	nt. 🕡
Manager/Memb		418.5. Mair		City, State, Zip Donnelly _Lo 83613	<u> </u>
Mgr Mgr Mer		418 S. Mai		Donnelly ID 83	
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Mgr Mer	n				
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(5) Signature:	Moniey Miller		(6) Date: 9-/	7-24	<u> </u>
	ame: Monica Mil	ller	(8) Title: Men	7-24 nber	ζ,
	·	, <u>, , , , , , , , , , , , , , , , , , </u>		, , , , , , , , , , , , , , , , , , , ,	Ö
		Enclose a check made payable to t	he Idaho Secretary of St	ate for \$30.00.	H-
Sign and date t	this form and return to the address	provided above.			7.0