



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.						450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300			
SOS Control N	lumber: 67265	_		Inactive-Dis		Formation	Locale: ID		
Name and Mai	ling Address: COUTFITTERS, LLC MOUNTAIN LN					or Change Mali			
Registered Ag JEFF SESSION 3475 ROUND I MALTA, ID 833	MOUNTAIN LN	ered Office (RC	O) Addro		(2) Char	nge RA and/or R	O Address:		
4) Limited Liabili	ered Agent (RA) Sign y Companies: Enter na accepted. Changes her	If a n	ew agent is ses of Ma ne entity	s appointed in its inagers OR M mailling addre	in (2) about lembers. ss. If mo	o, the new agent	musi sign hare to accept the ex- same as last year' or 'sam eded, please add an attac	e as above	
Aanager/Member	Name		Busine	ss Address	<u> </u>		City, State, Zip		
Mgr Mem	Jeff L	Sessions	39	Ib S A	Pred	Min Ln	Malia Led	8334	
]Mgr Mem Mgr Mem Mgr Mem Mgr Mem									
5) Signature:	Jeff J	Sen	<u> </u>		(6) Date:	7-19	-19		
(7) Type/Print Name	U Jeff L	Sessio	ns		(8) Tille:	Owne	pr/11/6/		

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.