



## **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

Reinstatement fee: \$30.00.			Boise, ID 83720 Phone: (208) 334-2300		10
SOS Control Number: 519461		_	Filing Status: Inactive-Dissolved (Administrative)		2 2 2
Limited Liability Company (D)		Date Formed: 09/13/2016	Formation	Locale: ID	2
Name and Mailing Address: S & A DRYWALL LLC 5207 ORMSBY AVE CALDWELL, ID 83607			(1) Add or Change Mail 17532 1 Numpa	ing Address: 1 parkdale A Lh 83687	1:19 PM
CESAR PINA 5207 ORMSBY CALDWELL, ID	) 83607 Note: The Regis	stered Office address must be a physic	(2) Change RA and/or I		Received by
(3) New Regist	tered Agent (RA) Signat	ture:		t must sign here to accept the appoi	intment <b>H</b>
(4) Limited Liabili These will not be Manager/Member	ty Companies: Enter name accepted. Changes here w	s and addresses of Managers OR M vill not affect the entity mailing addre	ss. If more space is n	'same as last year' or 'same a eeded, please add an attachr City, State, Zip	nent. ()
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(5) Signature:	eser piña		(6) Date: 9_7 -	2020	Laweren
(7) Type/Print Name: CeSar Piña (8) Title: Dry Wall Instr.					// 2
	gibly complete the form above.	Enclose a check made payable to the sprovided above.	Idaho Secretary of Sta	te for \$30.00. Manage	Zer D