



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 Boise, ID 83720

Reinstatement fee: \$30.00.					Boise, ID 83720 Phone: (208) 33 4 -2300	
SOS Control Number: 174449		Filing S	Filing Status: Inactive-Dissolved (A			
Limited Liability Company (D)		Date F	ormed: 09/11/2006	For	mation Locale: ID	2
Name and Maili 50/50 EXCAVAT 11000 W SUN L WORLEY, ID 8	TION L.L.C. JP BAY RD			(1) Add or Char	nge Mailing Address:	3:22 PM
Registered Ag THOMAS TAUS 11000 W SUN WORLEY, ID 8	UP BAY RD	ed Office (RC	O) Address:	(2) Change RA	and/or RO Address:	Receive
(3) New Regist	Note: The Regi	iture:	ddress must be a phys		ss (no postal box). new agent must sign here to accept the ap	pointme
(4) Limited Liabili These will not be	ty Companies: Enter nam accepted. Changes here	es and addres will not affect t	ses of Managers OR I he entity mailing addr	Members. Do Ness. If more sp	IOT put 'same as last year' or 'sam ace is needed, please add an attac	ne as above). chment n
Manager/Member	Name	•	Business Addres	s	City, State, Zip	Ä
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Mgr Mem (5) Signature:	Jan 82			(6) Date: <	- 24-2020	Lawei
(7) Type/Print Name	S. KUSCUS	CHEK	,	(8) Title:	- 24- 3030 WNER	awerende

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.