



## **Idaho Limited Liability Company Reinstatement Form**

File online at: sos.idaho.gov

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

				Attn: Reinstatements 450 North 4th Street		
	Reinstatement	fee: \$30.00.			Boise, ID 83720 Phone: (208) 334	4-2300
SOS Control N	Number: 363413	Filing Status: Inactiv	ve-Dissolved			N 2
Limited Liability Company (D)		Date Formed: 10/18/	/2012 F	ormation	Locale: ID	2
Name and Mai A1 NAIL SUPP 1509 S FIVE M BOISE, ID 837	PLY LLC NILE RD		(1) Add or C	Change Mail	ing Address:	10:40 AM
Registered Ag HA NGUYEN 1509 S FIVE M BOISE, ID 837		d Office (RO) Address:	CM 1500	Ngu 15.	RO Address: yen Five MITE 83709	<u></u>
(4) Limited Liabili These will not be	tered Agent (RA) Signa ity Companies: Enter name accepted. Changes here v	If a new agent is appoint es and addresses of Managers will not affect the entity mailing	ed in item (2) above, to s OR Members. Do address. If more	he new agen	t must sign here to accep 'same as last year' o eeded, please add a	or 'same as alaove
Manager/Member	Name	Business Ad			City, State, Zip	<u> </u>
Mgr   Mem     Mgr   Mem	Chi Nguy	<del></del>	FIVE WILL	12:1	Boise Id	6370° 20 17 50 17 50 17 50 17 50 17 50 17 50 17 50 17 50 17 50 17 50 17 50 17 50 17 50 17 50 17 50 50 50 50 50 50 50 50 50 50 50 50 50
(5) Signature:	Mine		(6) Date:	02	104/20	awer n
(7) Type/Print Nam	ne: HA	NAMEN	(8) Title:	Maxi	· /	en <del>d</del> e
	gibly complete the form above. Form and return to the address	Enclose a check made payable s provided above.	to the Idaho Secre	etary of Stat	te for \$30.00.	Ü