



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to: 33

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

SOS Control Number: 557259 Filing Status: Inactive-Dissolved (Administrative) Date Formed: 06/15/2017 Formation Locale: ID Name and Mailing Address: (1) Add or Change Mailing Address: 1: ALL THEM ENTERPRISES LLC 106 E 8 TH N 107 MOUNTAIN HOME, ID 83647 Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: (2) Change RA and/or RO Address: (3) Change RA and/or RO Address: (4) Change RA and/or RO Address: (5) Change RA and/or RO Address: (6) Change RA and/or RO Address: (7) Change RA and/or RO Address: (8) Change RA and/or RO Address: (8) Change RA and/or RO Address: (9) Change RA and/or RO Address: (1) Change RA an	Reinstatement fee: \$30.00. Reinstatement fee: \$30.00. Phone: (208) 334-230						
Limited Liability Company (D) Date Formed: 06/15/2017 Name and Mailing Address: (1) Add or Change Mailing Address: (1) Add or Change Mailing Address: (1) Add or Change Mailing Address: (2) Change RA and/or RO Address: (3) Change RA and/or RO Address: (4) Change RA and/or RO Address: (5) CKEITH ORION ELLINGER (6) New Registered Agent (RA) and Registered Office (RO) Address: (6) CREATE AGENT (ELMORE COUNTY) (7) New Registered Agent (RA) Signature: (8) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put same as last year or same as about These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. Of Manager/Member Name (A) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put same as last year or same as about These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. Of Manager/Member Name (A) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put same as last year or same as about the appointment of the entity mailing address. If more space is needed, please add an attachment. Of Manager/Member Name (5) Signature: (6) Date: C/-3/-2022 (6) Title: MgR	SOS Control Number: 557259 Filing		Filing Sta	Status: Inactive-Dissolved (Administrative)			
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Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: (3) Change RA and/or RO Address: (4) EITH ORION ELLINGER (5) Note: The Registered Office address must be a physical Idaho address (no postal box). (5) New Registered Agent (RA) Signature: If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment rhose will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. Manager/Member Mary Mem Mgr Mgr Mem Mgr Mgr Mem Mgr Mgr Mem Mgr Mgr Mgr Mem Mgr	ALL THEM ENTERPRISES LLC 106 E 8TH N						
Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: (3) Rev Registered Description (RA) Signature: (4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. If a new agent must sugn here to accept the appointment of the accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. If the provided in the registered Agent (RA) Signature: Manager/Member Name Business Address City, State, Zip Description	MOONTAIN	SWIE, 115 000+7					Z
Note: The Registered Office address must be a physical Idaho address (no postal box). (3) New Registered Agent (RA) Signature:	KEITH ORION 106 E 8TH N	ELLINGER		Address:	(2) Change	RA and/or RO Address:	eceive
Manager/Member Name Business Address City, State, Zip 0 Mgr	(4) Limited Liabili	tered Agent (RA) Sig	nature:	agent is appointed	d in item (2) above, t	ne new agent must sign here to accept the appo	intment.
Mgr Mem I est Elinger 106 E 8 th n Mountainhome, ID 307 Mgr Mem							
(1) Typer Hill Marile. /\(C)/\(\hat{\text{P}}\) Ell(\(\hat{N}\)\(\phi\))	Mgr Mem	i,eith E/	linge	106 E	3 th n	Mountain home	T evens for Au
(1) Typer Hill Marile. /\(C)/\(\hat{\text{P}}\) Ell(\(\hat{N}\)\(\phi\))	(5) Signature:				(6) Date: (51-31-2022	
	(7) Type/Print Nam	ne: Keith	Ellinger		(8) Title:	m g R	<u> </u>

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.