



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to:

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

Sign and date this form and return to the address provided above.

For Office Use Only

B0885-6867

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File #: 0005736070

Date Filed: 5/3/2024 12:13:00 PM

	Phone: (208) 334-2300				2
SOS Control Number: 293768 Limited Liability Company (D)		Filing Status: Inactive-Dissolved (Administrative)			<u>9</u> 24
		Date Formed: 07/12/20	010 Formation Locale: ID		—
Name and Mai	iling Address: NIZATION LLC I AVE		(1) Add or Chan	ge Mailing Address:	2:13 PM
NO AGENT	SNED OR INVALID	ed Office (RO) Address:	(2) Change RA and/or RO Address: john HOISEN 607½ 5.12 TH AUE Caldwell, ID		Received
(4) Limited Liabili	tered Agent (RA) Signa ty Companies: Enter name	stered Office address must be a physical state of the sta	item (2) above, the ne	ew agent must sign here to accept the OT put 'same as last year' or 'sa	me as above'.
Manager/Member	Name	Business Addre	ss	City, State, Zip	0
Mgr	John Hoisen	6071/2 5,127		calowell, ID 830	<u>H</u> 605
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(5) Signature: Q	ohn to Olsen		(6) Date: 4 - 2	27-2024	tary
,	e: John H OISer	\	(8) Title: MG	R	0 #
Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.					Ø