



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
Phone: (208) 334-2300

For Office Use Only

-FILED-

File #: 0005566432

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SOS Control Number: 583916

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 12/14/2017

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

ASSUAGE PROPERTIES LLC
JACOB BLACK
PO BOX 114
KUNA, ID 83634-0114

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

JACOB BLACK
138 BROWNLEE RD
HORSESHOE BEND, ID 83629

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) 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.

(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.

Manager/Member	Name	Business Address	City, State, Zip
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jeff Hill	207 Hove	Lampa, ID 83687
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jacob Black	138 Brownlee Rd	Horseshoe Bend, ID 83629
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Jacob Black

(6) Date:

1-11-24

(7) Type/Print Name:

Jacob Black

(8) Title:

Owner

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.

B0846-8864 01/11/2024 12:44 PM Received by Office of the Idaho Secretary of State