



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

B0876-8206

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File #: 0005672997

Date Filed: 4/4/2024 8:53:00 AM

	Phone: (208) 334-2300									2
SOS Control Number: 4498081		Filing Status: Inactive-Dissolved (Administrative)								2 24
Limited Liability	Company (D)	Date Formed: 11/15/2021 Formation Locale: ID							00	
Name and Mai				(1) Add or Change Mailing Address:						
1127 N ECHO	DING AND CONSULTING LLC			550	W. B	100 AST	V L	EGY	S 11	V.
EAGLE, ID 83616-5457				TEA (The I	V. 83	181	6		AM R
	jent (RA) and Registered Off	ice (RO) Addr	ess:	(2) Change	RA and/or R	O Address:				υ Ω Φ
ANDREW TYR 1127 N ECHOI			550 w Beacon Light Rol Ecyle, ID 83616							ived
EAGLE, ID 83				Eoxye, ID 83616						Ď.
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(3) New Regis	Note: The Registered tered Agent (RA) Signature:	Office address m	ust be a physic	al Idaho ad	dress (no po	estal box).				0 ff ff
(b) New Regis	tered Agent (IVA) Signature.	If a new agent	s appointed in ite	m (2) above, t	the new agent	must sign he	re to ac	cept the	appointm	nent. 💾
(4) Limited Liabili These will not be	ity Companies: Enter names and accepted. Changes here will not	addresses of Ma	anagers OR M mailing addre	embers. D ss. If more	o NOT put 's space is ne	same as la eded, plea	ıst year	r' or 'sa d an at	ame as a tachmei	−−−Ω abov e ^{nt.} Ο
Manager/Member	Name	Business Address				City, St	ate, Z	ip		Н
Mgr Mem	ANDEREN TROPECT	Sra :-	· BENGAL	AS =1132		FACE	<u> 70.</u>	532	16	ct
☐Mgr ☑Mem	COUNTRY TADDET	3 10 ~	r. MEALT or	id City	81	21842	<u>z</u> J	<u> 38. B.</u>	<u>i6</u>	ne
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(5) Signature.	7			(6) Date: 🕰	14179	124				4
(7) Type/Print Name: Anone w + 198 Lu					MUL	1 2.:				О Н
Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.										S t