



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:
Idaho Secretary of State

Attn: Reinst For Office Use Only
450 North 4th Street

-FILED-

File #: 0004820316

Date Filed: 7/11/2022 11:19:00 AM

Reinstatement fee: \$30.00.

Boise, ID 83720

Phone: (208) 334-2300

SOS Control Number: 94929

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 12/08/2003

Formation Locale: ID

Name and Mailing Address:

SNOWLINE LLC

PO BOX 593

GRANGEVILLE, ID 83530-0593

(1) Add or Change Mailing Address:

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

MYRNA DEHAAS

82 MILNER TRAIL RD

GRANGEVILLE, ID 83530

(2) Change RA and/or RO Address:

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
☐ Mgr ☒ Mem	Don DeHaas	82 MILNER TRAIL RD	Grangeville Id 83530
☐ Mgr ☒ Mem	Myrna DeHaas	82 MILNER TRAIL RD	Grangeville Id 83530
☐ Mgr ☐ Mem			
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☐ Mgr ☐ Mem			

(5) Signature:

Myrna DeHaas

(6) Date:

7/4/22

(7) Type/Print Name:

MYRNA DeHaas

(8) Title:

Member

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.

B0719-2170 07/11/2022 11:19 AM Received by ID Secretary of State Lawrence Denney