



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

Reinstatement fee: \$30.00.			Phone: (208) 334-2300		
SOS Control N	lumber: 3620677	Filing Status: Inactive-I	Dissolved (Administrat	tive)	
Limited Liability Company (D)		Date Formed: 09/12/20	19 Formation	Formation Locale: ID	
Name and Mai	ling Address:		(1) Add or Change Ma	iling Address:	
Bloom Acquisit					
	ST # 120-1019				
EAGLE, ID 836	616-6377		:		
			!		
Registered Agent (RA) and Registered Office (RO) Addr		Office (RO) Address:	(2) Change RA and/or RO Address:		econ name
REGISTERED AGENTS INC			.,		
784 S CLEARV	VATER LOOP STE R				
POST FALLS,	ID 83854				
	Note: The Regist	ered Office address must be a ph	vsical Idaho address (no i	nostal box)	
	_		, 0.00. 100.10 000.000 (110)		
/2) Now Posic	tered Agent (RA) Signatı	ıre:			
		If a new agent is appointed in		nt must sign here to accept the appointme t 'same as last year' or 'same as ab	
4) Limited Liabili	ty Companies: Enter names	If a new agent is appointed in	Members. Do NOT pur dress. If more space is r	nt must sign here to accept the appointment 'same as last year' or 'same as abneeded, please add an attachment. City, State, Zip	
(4) Limited Liabili	ty Companies: Enter names accepted. Changes here will Name Richard Wiseley	and addresses of Managers OF II not affect the entity mailing addresses	Members. Do NOT pur dress. If more space is r	t 'same as last year' or 'same as ab needed, please add an attachment.	
(4) Limited Liabilii These will not be Maneger/Member Mgr Mem Mgr Mem	ty Companies: Enter names accepted. Changes here will Name	and addresses of Managers OF II not affect the entity mailing addresses	Members. Do NOT pur dress. If more space is r	t 'same as last year' or 'same as ab needed, please add an attachment. City, State, Zip	
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Sign and date this form and return to the address provided above.