



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

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

Return completed form to to didaho Secretary of State Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

	Reinstatement 1		Boise, ID 83720 Phone: (208) 334-2300		
SOS Control Number: 3601629		Filing Status: Inactive-Dissolved (Administrative)			2
Limited Liability Company (D)		Date Formed: 08/21/201	Date Formed: 08/21/2019 Formation Locale: ID		21
	·		(1) Add or Change Mail	ing Address:	1:35 PM
Registered Aç Macario Coron 1303 W NEWF MERIDIAN, ID	PORT DR 83646	I Office (RO) Address:	(2) Change RA and/or l		Received by
(4) Limited Liabil	ity Companies: Enter names	If a new agent is appointed in	Members Do NOT put	t must sign here to accept the appoi	intment.
Manager/Member Name			ot affect the entity mailing address. If more space is no		<u> </u>
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(5) Signature:	June Care	-	(6) Date: ////5/	121	awere
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(7) Type/Print Nam	ne: Maralio Ca	stoffield	(8) Title: //C//41		U.
Instructions: Le	gibly complete the form above.	Enclose a check made payable to t	v - ne Idaho Secretary of Sta	te for \$30.00.	н