



Idaho Limited Liability Company Reinstatement Form

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For Office Use Only

Retrus completed form to:
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File #: 0004752379 tements 450 North 4th Street Date Filed: 5/17/2022 1:12:00 P

Reinstatement fee: \$30.00.				L	Date Filed. 5/17/2022 1.12.00 FW	
					Phone: (208) 334-2300	
SOS Control Number: 493	922 Fili	Filing Status: Inactive-Dissolved (Administrative)				
Limited Liability Company (Da Da	te Formed: 02/23/2	016	Formation Locale: ID		
Name and Mailing Addres	 s:		(1) Add	or Change Ma	iling Address:	
PARK CENTRAL EAST BO	ISE LLC					
16110 N BASIN WAY						
BOISE, ID 83714-9674						
Registered Agent (RA) and		(RO) Address:	(2) Cha	nge RA and/or	RO Address:	
J CLIVE JORDAN	7 Registered Office	(NO) Addiess.	(=) 0			
16110 BASIN WAY						
BOISE, ID 83714						
N	ote: The Registered Offic	ce address must be a p	hysical Idaho	address (no p	postal box).	
(3) New Registered Agent	(RA) Signature:					
.,		f a new agent is appointe	d in item (2) abo	ve, the new agei	nt must sign here to accept the appointm	nent.
These will not be accepted. Ch	Enter names and add anges here will not affe	ct the entity mailing a	ddress. If m	. Do NOT put ore space is r	t 'same as last year' or 'same as a needed, please add an attachmei	above int.
Manager/Member Name		Business Add	ress		City, State, Zip	
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(5) Signature:	12		(6) Date	: 5/17	1/2022 ANAAL	
(7) Type/Print Name:	Rive Torda	^	(8) Title	m	ander	
	7.77					
Instructions: Legibly complete the		• •	o the Idaho S	ecretary of Sta	ite for \$30.00.	
Sign and date this form and return	ito the address provided a	ibove.				