



Idaho Limited Liability Company Reinstatement Form

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

		lity Company Reinstatement Fo	1 of Office Ose Offiny
	Return completed form to:	9	-FILED-
THE STATE OF	Idaho Secretary of State		File #: 0005623758
	Attn: Reinstatements 450 North 4th Street		Date Filed: 3/1/2024 1:59:00 PM
	Boise, ID 83720		
	Phone: (208) 334-2300		
OS Control	Number: 459318	Filing Status: Inactive-Dissolved (Administr	ative)
imited Liabili	ty Company (D)	Date Formed: 04/28/2015 Format	tion Locale: ID
Name and Ma	ailing Address:	(1) Add or Change N	Mailing Address:
Willard and So	·		
736 E FULL N			
KUNA, ID 83	634-3514		
Registered A	gent (RA) and Registered Of	ffice (RO) Address: (2) Change RA and/	or RO Address:
RANDON D		ince (110) Address. (2) Change IV and	5 / Nagroot.
36 E FULL N			
CUNA, ID 83			
CONT, ID 05	007		
CONA, ID OS	004		
(OIVA, ID 05)			
(ONA, ID OS		d Office address must be a physical Idaho address (n	o postal box).
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3) New Regi	Note: The Registered stered Agent (RA) Signature: ility Companies: Enter names and	If a new agent is appointed in item (2) above, the new a	gent must sign here to accept the appointmen
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