



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to:

Idaho Secretary of State
Attn: Reinstatements
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

File #: 0005623758

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SOS Control Number: 459318

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 04/28/2015

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

Willard and Sons, LLC
736 E FULL MOON ST
KUNA, ID 83634-3514

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

(2) Change RA and/or RO Address:

BRANDON D WILLARD
736 E FULL MOON ST
KUNA, ID 83634

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 |
|--|-------------------|---------------------|--------------------|
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | Brandon D Willard | 736 E Full Moon St. | Kuna, Idaho, 83634 |
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | Kathryn L Willard | " " | " " |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
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(5) Signature:

(6) Date:

(7) Type/Print Name:

(8) Title:

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.

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