



Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

Reinstatement fee: \$30.00.				Boise, ID 83720 Phone: (208) 33 4- 2300	
SOS Control N	Number: 551016	Filing Status: Inactive-Dissolved		olved Formation Locale: ID	
Limited Liability Company (D)		Date Formed: 05/01/20	17 Form		
		N, LLC	(1) Add or Change Mailing Address:		
Registered Ag KIP GOULD 4460 N 1400 E BUHL, ID 833		ffice (RO) Address:	(2) Change RA and/or RO Address:		
(4) Limited Liabili	itered Agent (RA) Signature	If a new agent is appointed in addresses of Managers Of	n item (2) above, the n	ew agent must sign here to accept the app OT put 'same as last year' or 'same ice is needed, please add an attac	e as above
Manager/Member Name		Business Addre	ess	City, State, Zip	
Mgr Mem	Kip Gould	1850E 4	300 N		316
Mgr Mem Mgr Mem Mgr Mem	Wyatt Gould		300N	Buhl'TD 835	
Mgr					
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(5) Signature: ノグ	Tould		(6) Date: 9	8-19	
(7) Type/Print Nam	ne: Kyp Gould		(8) Title: 1	7 r.	
Instructions: Le	gibly complete the form above. End	close a check made navable to	the Idaho Secretan	of State for \$30.00	

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.